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ABSTRACT

The effectiveness of three counseling models and a no-counseling control situation for students with behavioral and learning difficulties was examined. The first model consisted of counseling parents, teachers and students; the second of consulting and counseling teachers and students; and the third of counseling students only. Subjects were 58 fourth- through sixth-grade students. Results indicated that students with behavioral and learning difficulties who received counseling improved significantly in reading performance as compared to students who had no counseling. The counseled groups also showed an improvement in classroom behavior and self-concept as measured by the Walker Problem Behavior Identification checklist and the Inferred Self-concept Scale. However, these gains were not statistically significant. The second counseling model was found to be statistically more effective than the first and third models in reading improvement, but there was no significant difference among the three treatment models in classroom behavior and self-concept scores. Appendices include detailed descriptions of the program, from student selection criteria through final evaluation forms, making the program easily replicable by other interested schools. (Author/BP)

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John D. Friesen, Du-Fay Der

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A PROGRAM OF CONSULTATION, TRAINING AND COUNSELLING OF CHILDREN WITH LEARNING AND BEHAVIORAL PROBLEMS AND THEIR PARENTS AND TEACHERS

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INTRODUCTION

Studies attempting to validate the effectiveness of counselling with students in the school have resulted in conflicting evidence. Some research found significant behavioral changes in students receiving counselling (Marchant, 1972; Moracco & Kazandkian, 1977; and Whitley & Sulzer, 1970), while others indicated no significant changes in behavior between students receiving counselling and those not receiving counselling (Brasco, 1965; and Mayer, Kranzler, & Matthes, 1968). Disenchantment and dissatisfaction with counsellors in the schools have been voiced by professionals in the counselling field (Arbuckle, 1970, 1972; Berdie, 1972; Eckerson, 1971). Teachers and parents too are becoming skeptical that referring students for evaluation or counselling is beneficial (Arbuckle, 1970; Bardo, 1968; Gazda, 1972; Island, 1972; and Lawton, 1971).

Conflicting results in counselling effectiveness and dissatisfaction with counselling may be due to fact that educators and parents alike are questioning the traditional model of counselling (intrapsychic and medical). This model infers that the student who requires counselling is "ill" or "disturbed" and the counsellor's role is to "cure" (Carlson, 1975; Christensen, 1969; Kureloff, 1973). Parents and educators are becoming aware that a student with problems can not be as effectively helped by the counsellor working with the student in isolation as when significant others are actively involved in the counselling process. These significant adults perceive themselves as helping agents who need assistance in working with children encountering problems (Carlson, 1972; Christensen, 1972; Dinkmeyer & Carlson, 1975; Dinkmeyer & McKay, 1973; and Fullmer, 1972). In agreement with this view, some researchers and educators (Carkhuff, 1971; Christensen, 1969; Dinkmeyer & Carlson, 1973; Dreikurs, 1971; Gordon, 1970)

are realizing that effective counselling involves not only working with students, but also with parents, teachers and other significant adults. Empirical studies have shown the effectiveness of the consultative model involving the counsellor, teacher and student (Moracco and Kazandkian, 1977; and Whitley and Sulzer, 1970). However, no studies have compared the effectiveness of the consultative model involving parents, teachers and students in contrast to counselling with students alone.

The consulting-counselling model employed in this study, involving parents, teachers, counsellors and students, provides several advantages. These are:

1) better communication and understanding among counsellors, teachers, parents and students
2) parents, teachers, counsellors and students are involved in changing the system and the students' environment
3) parents, teachers and counsellors will acquire new skills
4) a greater number of students can be reached.

Purpose of Study (Objectives)

The purpose of this study was to evaluate the effectiveness of a consulting-counselling model involving teachers, parents and students with behavioral problems. More specifically this study was designed to test the following hypotheses:

1) That counselling and consulting with parents, teachers and students, counselling and consulting with teachers and students, and counselling students alone are more effective than students receiving no counselling nor consulting as

measured by pre and post-test scores on the Walker Behavioral Problem Checklist (W.B.P.C.) (1968), the New Developmental Reading Tests (Bond, Balow & Hoyt, 1968) and the Inferred Self-Concept Scale (McDaniel, 1976).

2) That counselling and consulting with parents, teachers and students is the most effective counselling strategy as measured by pre and post-test scores on the W.B.P.C., the New Developmental Reading Tests, the Inferred Self-Concept Scale and the Werry-Quay (1969).

3) That counselling and consulting with teachers and students is the second most effective counselling procedure as measured by pre and post-test scores on the W.B.P.C., the New Developmental Reading Tests, the Inferred Self-Concept Scale and Werry-Quay.

4) That counselling with students only is the least effective counselling procedure as measured by pre and post-test scores on the W.B.P.C., the New Developmental Reading Tests, the Inferred Self-Concept Scale and Werry-Quay.

Method

Subjects

The subjects in the present study consisted of 70 students (58 males, 12 females) in Grades 4, 5 and 6 from eight elementary schools in a medium-sized metropolitan city in the province of British Columbia, Canada. Of these, 52 students were designated for the experimental group and 18 in the comparison group. In the course of the study, 12 students were dropped due to transfers and other reasons. (See Appendix A for Guidelines for Selection of Students.)

The total enrollment for the eight elementary schools (kindergarten to Grade 7) was approximately 2,300 with about 900 students in Grades 4, 5 and 6.

The criteria of selection for the initial screening of students in both the experimental and comparison subjects was the combined judgment of the classroom teachers, other teachers and the principals that these students were disturbing other students and/or generally participating minimally in classroom activities. From this pool of 140 teacher-identified subjects, 70 students (about 10-12 subjects from each of the 6 large schools, and 5 subjects from each of the 2 smaller schools) were selected by employing the W.B.P.C., the New Developmental Reading Tests, and the Inferred Self-Concept Scale. The W.B.P.C., the New Developmental Reading Tests and the Inferred Self-Concept Scale were administered by the classroom teachers, while the Werry-Quay was administered by the counsellors involved in this research.

Because of the limited number of elementary schools in the district and recognizing possible differential school effects, schools were ranked by socio-economic status from high to low (this information was provided by the School Board). Therefore, two equal-sized strata groups were formed -- high and low. One school from each strata was randomly assigned to each treatment and comparison group.

Treatment Groups

T_1	T_2	T_3	T_4
School "a"	School "c"	School "e"	School "g"
School "b"	School "d"	School "f"	School "h"

Treatment Groups

Group 1 - counselling and consulting with parents, teachers and students

Group 2 - counselling and consulting with teachers and students

Group 3 - counselling with students only

Group 4 - comparison group

Instrumentation

The Walker Problem Behavior Identification Checklist (WPBIC)

The WPBIC consists of fifty items that describe observable behaviors (Appendix A). These fifty checklist items were drawn by teachers from a pool of descriptions of problem classroom behavior. Each item is assigned one of four score weights, from 1 to 4, indicating to what extent possession of a behavioral items handicaps the child's adjustment. The reliability of the WPBIC is estimated .98 and .89 respectively by Kuder-Richardson (Walker, 1968).

The average item validity, as measured by correlations of individual items with total score, was .40. Based upon three independent criteria of behavior disturbance the biserial correlation between checklist scores and criterion scores was .68 (Walker, 1968).

The WPBIC was developed by Hill Walker as a project for his doctoral dissertation at the University of Oregon in 1967 under the title Construction and Validation of Behavior Checklist for the Identification of Children with Behavior Problems. It is currently being published by Western Psychological Services and is catalogued in the Mental Measurements Year Book (Buros, 1972).

The WPBIC was designed and used as a screening device to help teachers identify children with behavior problems. The checklist items were collected by abstracting operational, observable statements about

deviant behavior volunteered by teachers. The fifty most frequently identified behaviors were chosen and weighed by a behavior science panel according to the item's importance or influence in handicapping a given child's adjustment. The major objectives of the original project where the WPBIC was developed were: (a) to establish criteria and procedures for estimating the prevalence of chronic behavior problems in a public school population, and (b) to develop an in-school treatment program tailored to the identified criteria.

The Inferred Self-Concept Scale

The Inferred Self-Concept Scale consists of 30 items, rated on a 5-point scale (Appendix A). A high concept of self is perceived by the rater when an item is given a rating of "four" or "five", and a low concept of self is perceived by the rater when an item is given a rating of "one" or "two". The inferred self-concept score, obtained by adding the scores of the 30 items, is between 30 to 150, with a low score representing a socially undesirable and a high score representin a socially desirable concept of self. The evaluation of self-concept is inferred from behavior that is exhibited in the school environment. The scale is taken by either the teachers or the counsellors who are familiar with the school setting and the student (McDaniel, 1976).

A split-half reliability coefficient was obtained between the sum of the 15 even-numbered items and the 15 odd-numbered items for counsellors and teachers. The correlation coefficients were .8614 and .8567 respectively, significant at the .01 level. Correlations between item-score and total-score for counsellor and teacher were examined. The Alpha coefficient for counsellors and for teachers were .9204 and .9072 respectively (McDaniel, 1976).

The Werry-Quay

Werry-Quay (1969) developed a method of observing and recording students' behavior in the classroom setting (Appendix B). Behaviors observed are grouped under three areas: attending behaviors, deviant behavior and contact with teacher. The observer records behaviors for 20 seconds and then a 10 second rest period. This is continued for 15 minutes, including rest periods. Behavior is recorded by its occurrence, not duration. Thus it is a frequency count.

Prior to the study, counsellors were trained to administer the Werry-Quay to an accuracy of .85 level. This level of interjudge reliability was obtained both during the training as well as during pre and post-treatment data collection periods. There were four pre and four post observations per experimental subject. Thus each experimental subject had a total of 2 hours of observation. Control subjects were not administered the Werry-Quay for 2 reasons: (1) students and teachers in this group were to be unaware of which students were finally selected, and (2) teachers in these classes preferred not to have observers in their classrooms.

The New Developmental Reading Tests (Intermediate Level)

The New Developmental Reading Tests, Intermediate Level (Bond, Balow & Joyt, 1968) was developed for Grades 4, 5 and 6 (Appendix B). Students are evaluated on 5 reading abilities: Part I, Basic Reading Vocabulary; Part II, Reading for Information; Part III, Reading for Relationships; Part IV, Reading for Interpretation; and Part V, Reading for Appreciation.

By combining the scores of Parts II and III, a literal comprehension score is obtained. Summing the scores on Parts IV and V yields a creative

comprehension score. A general comprehension score is provided by adding scores on Parts II, III, IV and V. There are two forms to this test (A and B).

Grade equivalent norms from 2.6 to 11.0 levels and percentile and standard score norms are given for each grade from three to seven.

Administration time is 10 minutes for each of the five parts. The tests may be given in one sitting with a 10-minute rest period or administered in two separate sittings.

Alternate form reliability for the Parts I to V in Grades 4 and 6 range from .79 to .88, and the internal consistency reliability in Parts I to V range from .80 to .94.

Treatment Procedure

The treatment duration was four months. It started in November, 1977 and terminated at the end of March, 1978 with a one month recess in December. Two weeks of data collection occurred before and after the treatment process.

The counsellors involved in this study were eleven masters candidates (5 males, 7 females) who were enrolled in the Department of Counselling Psychology, Faculty of Education, University of British Columbia.

The training of these counsellors for this project took place in a series of sessions conducted by the researchers prior to the initiation of the project (see Appendix C).

Of the 8 schools involved in the study, 2 schools received treatment model #1, consisting of consulting and counselling with parents, teachers and students, 2 schools received treatment model #2 involving consulting and counselling with teachers and students and 2 schools received treatment model #3 consisting of counselling with students only. The fourth model involving 2 schools received no treatment.

Teachers and parents and students involved in model #1 were active participants in the study. In the second model, the teachers and students

were actively involved, but parents were only informed that their children were participating in the study. Teachers and parents in the third model were informed that their students and children were involved but they had no direct contact with the counsellors. The teachers and parents in the fourth model were aware that some of their students and children were involved as control subjects, but neither they nor the students had any knowledge of which students were selected.

(1) The Counselling Model

The counselling model employed in this study is based upon several theoretical orientations: Carkhuff (1969), Adlerian Psychology (Dreikurs, 1968), Behavior Modification Patterson and Gillion (1968), Reality Therapy (Glasser, 1964, 1969) and Social-influence Theory (Egan, 1975; Strong, 1968). There were 3 major stages involved in the counselling process: (a) exploration, (b) understanding, and (c) action.

The exploration stage is directed toward establishing a good relationship with the student. It included verbal and non-verbal expression, painting, drawing and play. The goal was to encourage and facilitate student self-exploration and to assist the counsellor to understand the students' concerns.

The understanding phase involved assisting the student to have a better understanding of his concerns and of himself. The role of the counsellor was to assist the student in making some kind of sense out of the many concerns. As greater understanding of the student's problems occurred, further exploration was encouraged.

The action phase involved assisting the student in devising a plan of action to resolve his problem(s). Both counsellor and student considered

various plans and their consequences before the student selected the appropriate plan to act upon. Once a course of action was decided upon, the counsellor and the student drew up a contract.

(2) The Consultative Model

The consultative process is based upon the counselling model which consists of 3 principal phases: exploration, understanding, and action.

The role of the counsellor in consulting with parents and teachers was to provide an environment that was conducive for the teachers (or parents) to explore the problems encountered with the student. Through discussion and exploration, the counsellor and the teachers (or parents) will have a better understanding of the problem(s) faced by the teachers (or parents) in working with the student. A course of action was then chosen from several alternatives which may assist the teachers (or parents) to work more effectively with the student.

(a) Consulting with Parents

(i) Parents of the children involved in the counselling-consultative model #1 were contacted by letter and telephoned by each principal to obtain their permission to participate in the study (Appendix C).

(ii) Parents sent in their signed confirmation of their committments to the goals of the study.

(iii) A group meeting was held with parents, counsellors, and research supervisors for the following reasons:

- To discuss the study and their involvement
- To establish rapport and develop a warm and understanding relationship between counsellors and parents

- To obtain baseline data on each child by using the Becker Adjective Checklist and the Client Referral Form (Patterson, 1975).

(iv) Counsellors met with parents individually to establish rapport. Parents, counsellor and the child discussed and identified behaviors which were creating family conflicts. Alternative behaviors were discussed to obtain the most appropriate solutions. Reinforcement contingencies were set up and behavioral contracts were signed.

(v) Counsellor contacted parents weekly to discuss their concerns and progress with their child. From these weekly discussions, parents were given support and encouragement. When necessary, new strategies, contracts and reinforcement contingencies were set up.

(b) Consulting with Teachers

(i) Teachers and counsellor involved in the counselling-consultative models #1 and 2 met in a group meeting to discuss their involvement and the various details of the study.

(ii) The counsellor and teacher met weekly to discuss each student's classroom behavior. Through these discussions and explorations the counsellor and teacher developed better understanding into the teacher's and the child's classroom relationships. A course of action was then planned for each week.

(iii) Each week, one student case conference was held with the homeroom teacher, principal, counsellor and other significant

teachers. During these conferences, these significant adults explored various alternatives in assisting the student to be more effective in the classroom. The role of the counsellor was a facilitative one rather than an expert. Counsellor and teacher worked as equals and each shared their ideas in helping the students.

RESULTS

The first research question was: Do children in the counselled group have higher mean reading gain scores than children in the non-counselled group? The results indicate that the children in the counselled group received statistically significant higher mean gain scores after 4 months of counselling than did the control group as is evident from Table I and Figure 1.

Table I

Mean Reading Change Scores for Counselled and Non-Counselled Groups

Test	Group	n	Subtest	Mean	St.Dev.	t		t prob.	
						Separated	Pooled	Separated	Pooled
N.D. Developmental Reading Tests (Intermediate Level)	Counselled	32	Voc.	.825	1.32	1.20	0.89	0.236	0.377
	Non-counselled	12		.466	0.635				
	Counselled	32	Lit.Comp.	1.243	1.413	1.97	1.54	0.057*	0.130
	Non-counselled	12		0.575	0.794				
	Counselled	32	Creat.Comp.	0.981	1.358	1.99	1.95	0.050*	0.057*
	Non-counselled	12		0.091	1.304				
	Counselled	32	General	1.075	1.046	3.02	2.50	0.005*	0.016*
	Non-counselled	12		0.258	0.682				

*significant at .05 level

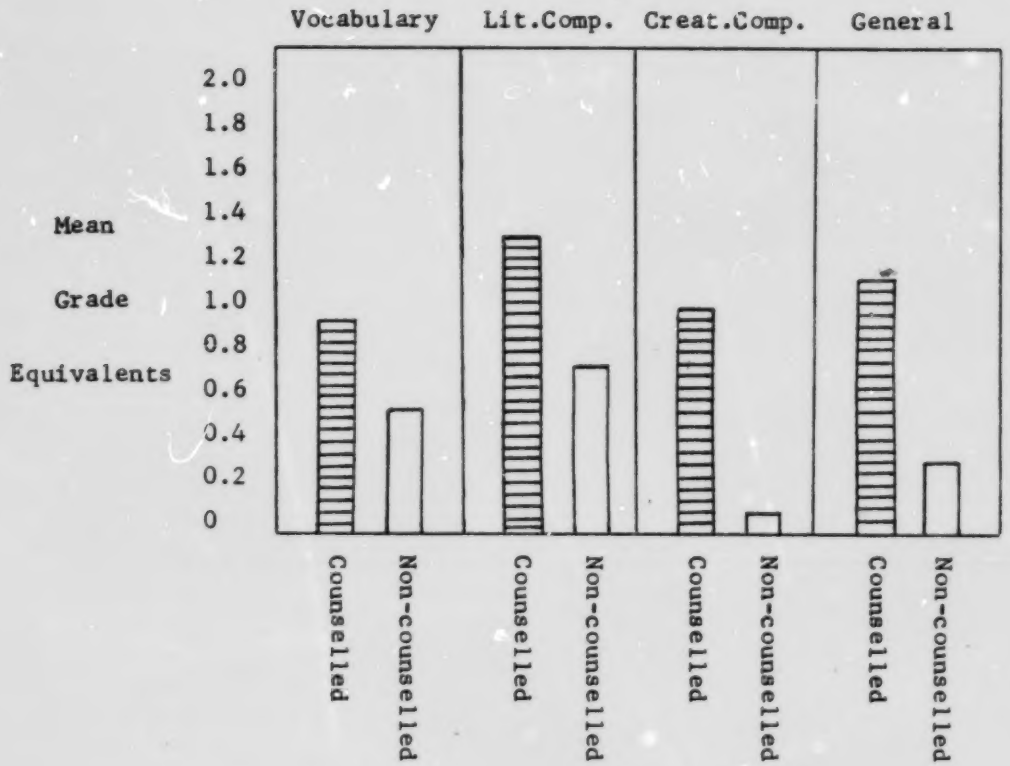

Figure I

Pre and Post-test Mean Difference Scores
on the New Developmental Reading Tests
for the Counselled and Non-counselled Groups

The second question in this study was: Do children who are counselled have a significantly greater change in behavior than non-counselled children as perceived by their teachers? In this investigation, change in behavior was measured by the WPBIC and the Inferred Self-Concept. The results are reported in Table II and Figure II.

Table II

Mean Change Scores for Counselled and Non-counselled Groups

Test	Group	n	Mean	St.Dev.	t		t prob.	
					Separated	Pooled	Separated	Pooled
WPBIC	Counselled	32	-1.652	9.73	0.14	0.16	0.888	0.874
	Non-counselled	12	-0.583	13.187				
Inferred Self-Concept	Counselled	32	4.250	14.635	0.56	0.51	0.576	0.610
	Non-counselled	12	2.066	2.066				

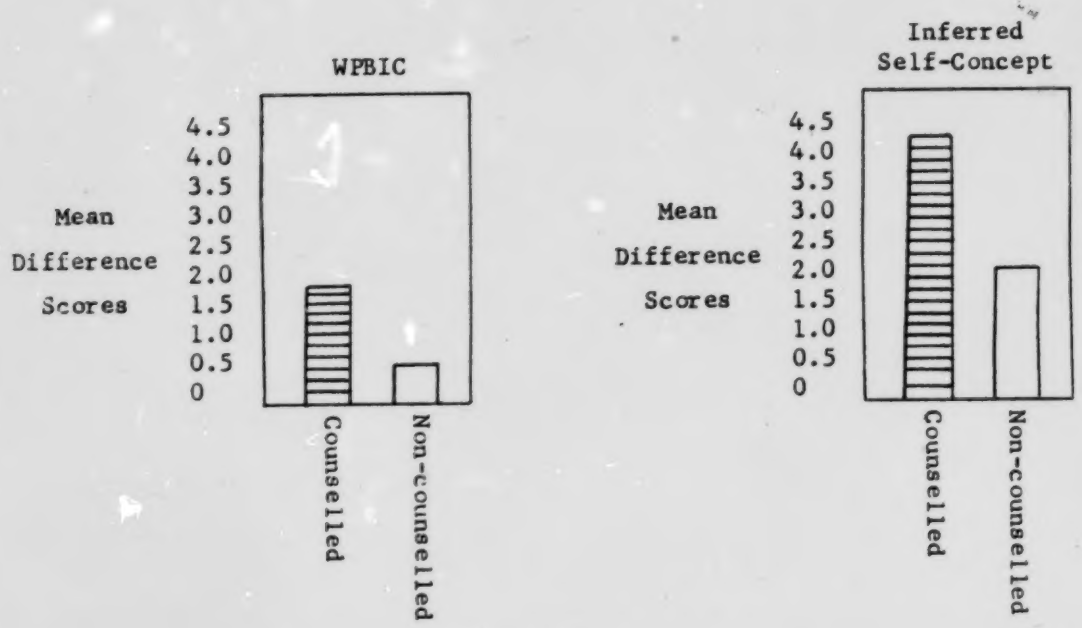

Figure II

Pre and Post-test Mean Difference Scores for the Counselled and Non-counselled Groups on the WPBIC and the Inferred Self-Concept

The third question was: Does Treatment Model #1 - consisting of consulting and counselling with parents, teachers and students result in greater reading and behavioral change than Treatment Model #2 involving consulting and counselling with teachers and students? (Table III and Figures III and IV)

Table III

Mean Change Scores for Treatment Models I and II

Test	Treatment Model	n	Sub-test	Mean	St. Dev.	t		t prob.	
						Separ.	Pooled	Separ.	Pooled
New Developmental Reading Test (Intermediate Level)	I	16	Voc.	0.662	0.672	1.67	2.02	0.123	0.055*
	II	10		1.670	1.826				
	I	16	Lit. Comp.	0.925	0.992	1.72	1.98	0.110	0.05*
	II	10		2.040	1.889				
	I	16	Creat. Comp.	0.506	1.222	2.50	2.57	0.023	0.017*
	II	10		1.830	1.369				
	I	16	Gen.	0.793	0.789	2.10	2.33	0.055	0.028*
	II	10		1.720	1.246				
Inferred Self-Concept	I	15		2.733	11.398	0.15	0.15	0.886	0.879
	II	10		3.667	19.772				
WPBIC	I	15		-1.625	-0.792	0.25	0.28	0.803	0.780
	II	10		-0.500	1.251				

*Significant at 0.05 level

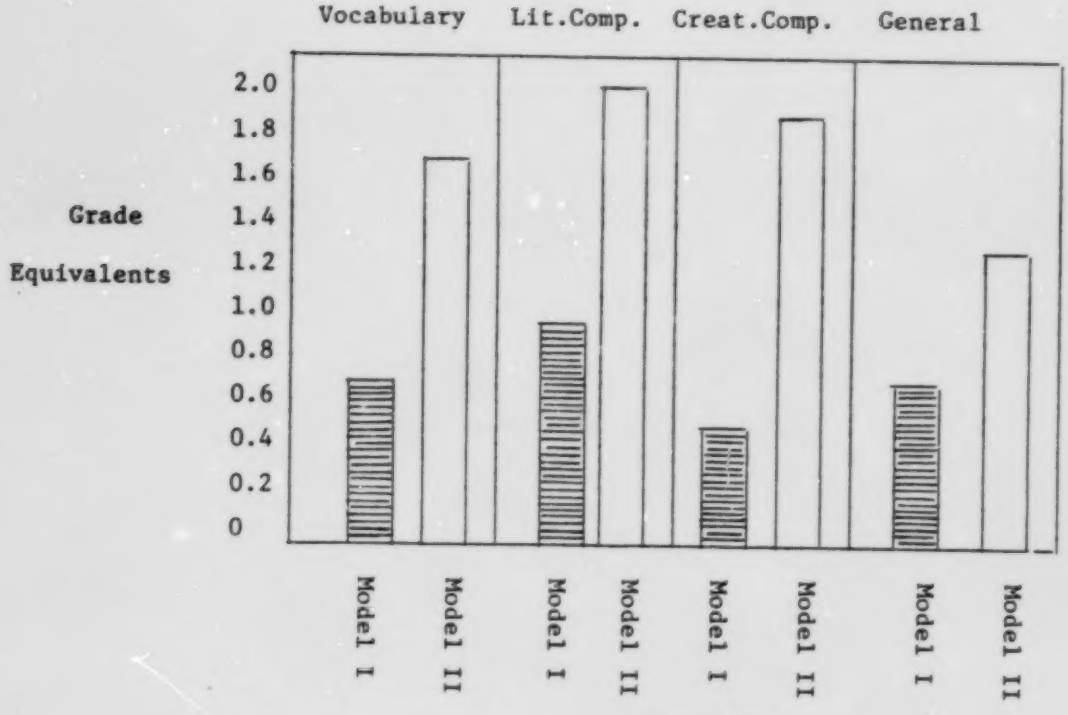

Figure III

Pre and Post-test Mean Difference scores for Model I and Model II on the New Developmental Reading Test

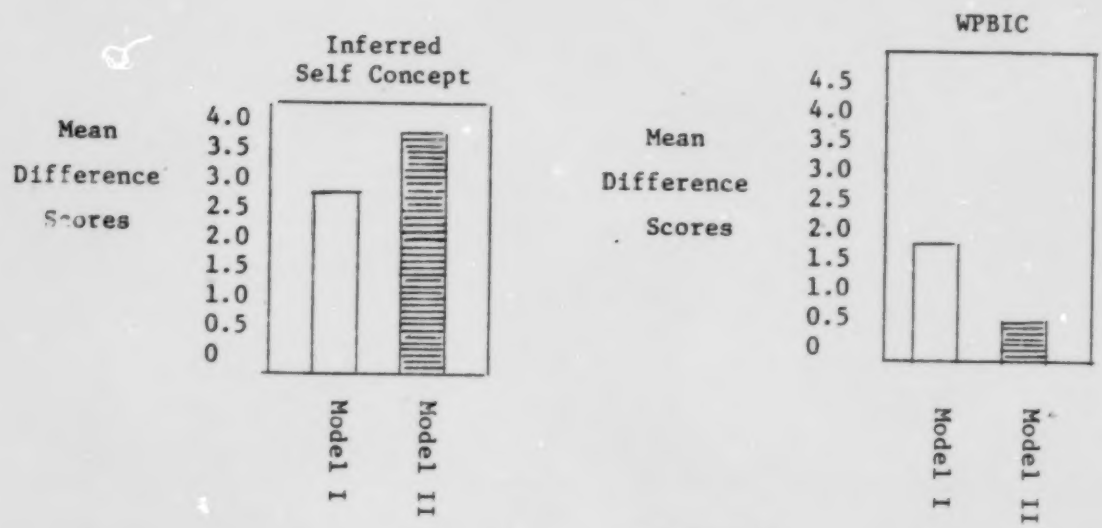

Figure IV

Pre and Post-test Mean Difference scores for Model I and Model II on Inferred Self Concept and WPBIC

The fourth question was: Does Treatment Model #1 result in greater reading and behavioral change scores than Treatment Model #3 consisting of counselling with students only (Table IV and Figures V and VI).

Table IV

Mean Change Scores for Treatment Models I and III

Test	Treatment Model	n	Sub-test	Mean	St. Dev.	t Separ.	t Pooled	t prob. Separ.	t prob. Pooled
New Developmental Reading Test (Intermediate Level)	I	16	Voc.	0.662	0.672	1.90	2.25	0.09	0.03*
	III	6		0.150	0.960				
	I	16	Lit. Comp.	0.925	0.992	0.32	0.33	0.760	0.747
	III	6		0.766	1.068				
	I	15	Creat. Comp.	0.506	1.222	0.57	0.56	0.579	0.579
	III	6		0.833	1.117				
	I	16	Gen.	0.793	0.789	0.10	0.11	0.923	0.914
	III	6		0.750	0.952				
Perceieved Self-Concept	I	16		2.733	11.398	0.95	0.97	0.358	0.343
	III	6		7.555	12.451				
WPBIC	I	16		-1.625	7.923	0.43	0.49	0.677	0.627
	III	6		-3.666	10.462				

*Significant at 0.05 level

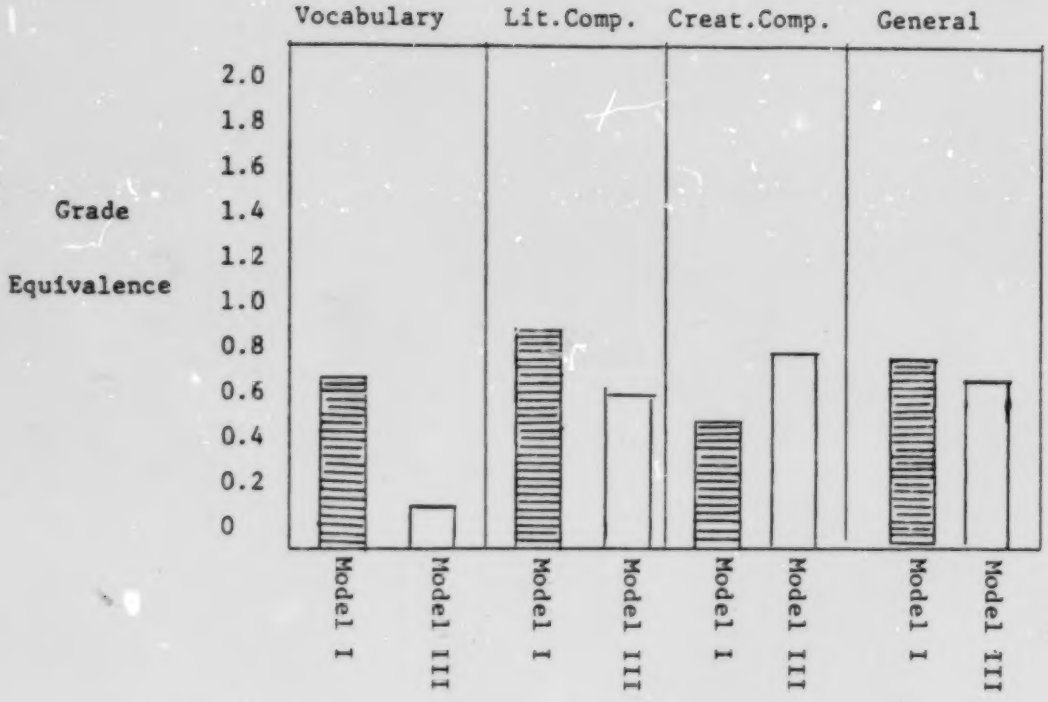

Figure V

Pre and Post-test Mean Difference Grade Equivalance scores for Model I and Model III on the New Developmental Reading Test

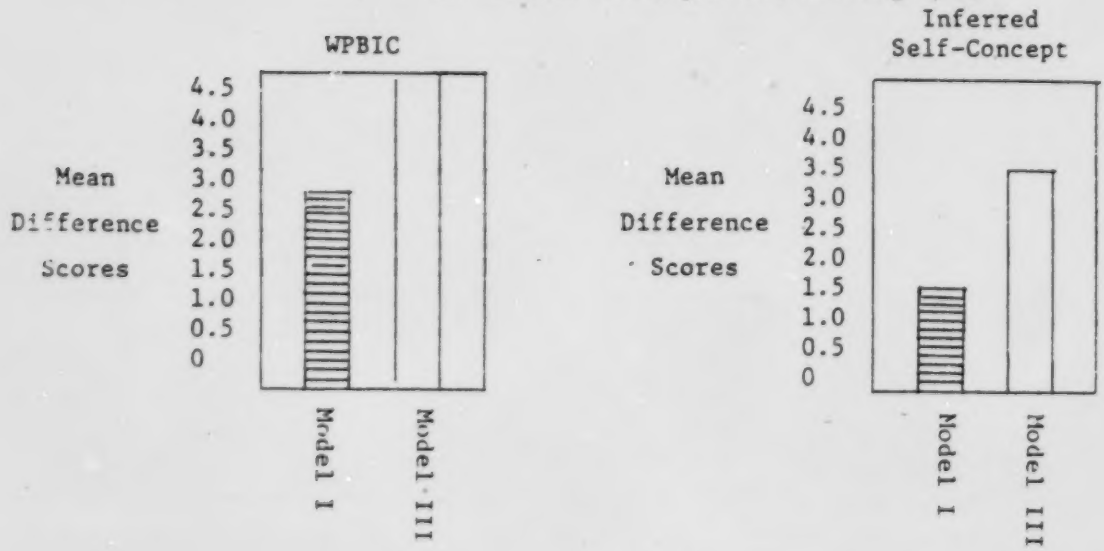

Figure VI

Pre and Post-test Mean Difference Scores for students in Model I and Model III for the WPBIC and the Inferred Self Concept

The fifth question is: Does Treatment Model #1 result in greater reading and behavioral change scores than the control group (Treatment Model #4)? See Table V and Figures VII and VIII.

Table V

Mean Change Scores for Treatment Model I and Control Group, Model IV

Test	Treatment Model	n	Sub-test	Mean	St. Dev.	t Separ.	t Pooled	t Prob Separ.	t Prob Pooled
New Developmental Reading test	I	16	Voc.	0.662	0.672	0.79	0.78	0.439	0.442
	Control	12		0.466	0.635				
	I	16	Lit. Comp.	0.925	0.992	1.04	1.00	0.310	0.325
	Control	12		0.575	0.794				
	I	16	Creat. Comp.	0.506	1.228	0.85	0.86	0.402	0.396
	Control	12		0.091	1.304				
	I	16	Gen.	0.893	0.789	1.92	1.88	0.056*	0.062
	Control	12		0.258	0.682				
Inferred Self-Concept	I	16		2.733	2.066	0.16	0.16	0.875	0.875
	Control	12		2.066	1.160				
WPBIC	I	16		-1.625	7.923	0.24	0.26	0.811	0.797
	Control	12		-0.583	13.187				

*Significant at 0.05 level

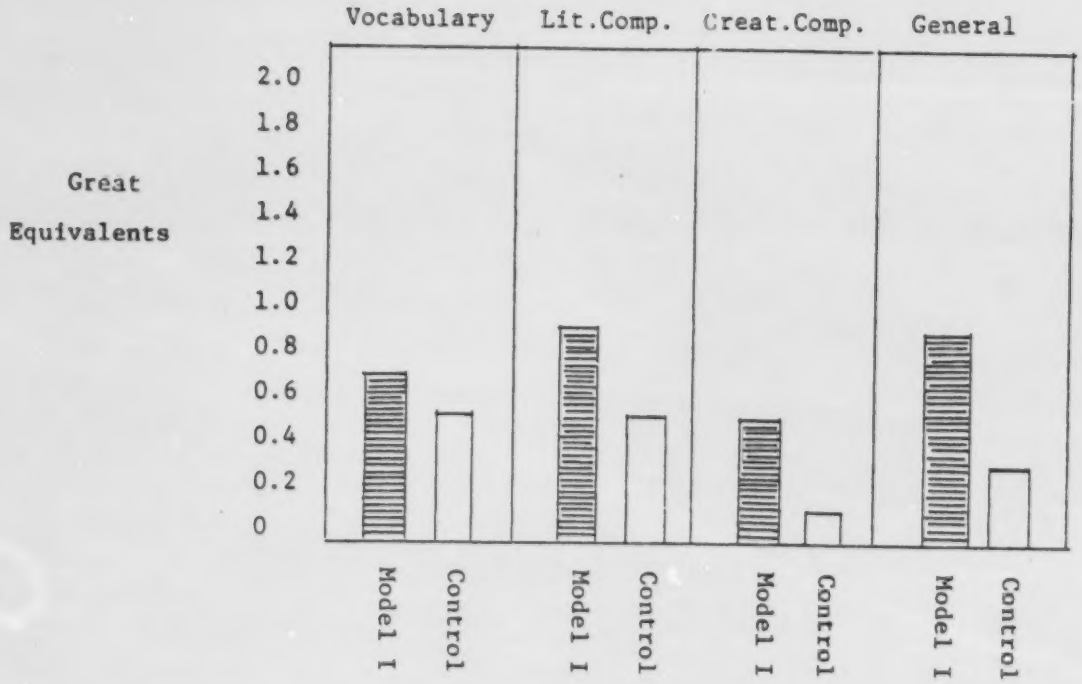

Figure VII

Pre and Post-test Mean Difference Scores on the New Developmental Reading Test for Model I and Control (Treatment Model IV)

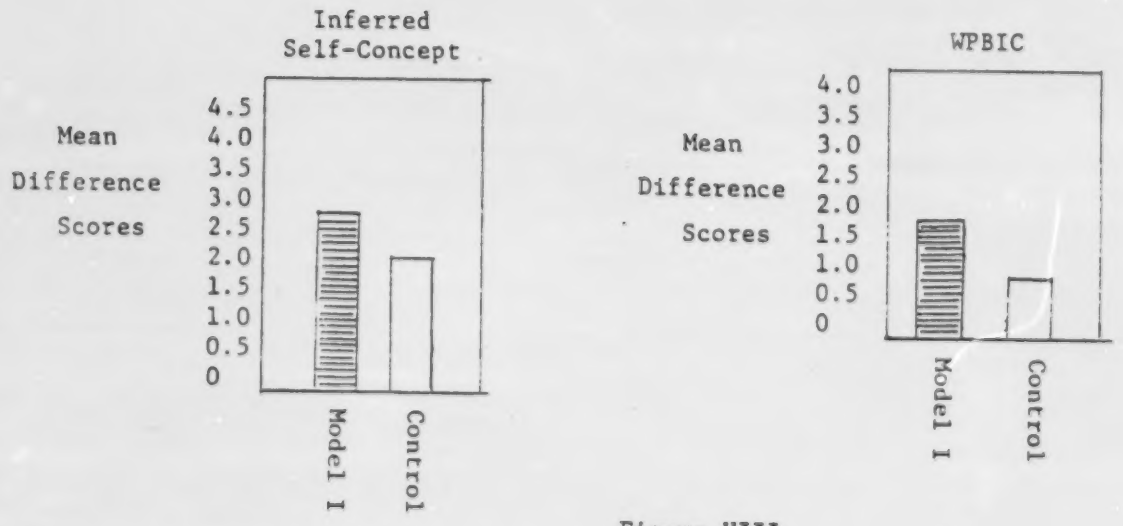

Figure VIII

Pre and Post-test Mean Difference Scores for Model I and Control on Inferred Self Concept and WPBIC

The sixth question was: Does Treatment Model #2 result in greater change in reading scores and behavior than Treatment Model #3? (Table V and Figures IX and X)

Table VI

Mean Change Scores for Treatment Models II and III

Test	Group	n	Sub-test	Mean	St. Dev.	t Separ.	t Pooled	t Prob Separ.	t Prob Pooled
New Developmental Reading Test	II	12	Voc.	1.670	1.826	2.61	2.24	0.021*	0.042*
	III	9		0.15	0.960				
	II	12	Lit. Comp.	2.040	1.889	1.72	1.50	0.107	0.156
	III	9		0.766	1.068				
	II	12	Creat. Comp.	1.830	1.369	1.54	1.48	0.149	0.161
	III	9		0.833	1.117				
	II	12	Gen.	1.720	1.246	1.75	1.63	0.103	0.125
	III	9		0.750	0.952				
Inferred Self-Concept	II	12		3.666	19.772	0.55	0.52	0.588	0.612
	III	9		7.555	12.451				
WPBIC	II	12		0.500	12.510	0.54	0.52	0.596	0.612
	III	9		3.666	10.462				

*Significant at 0.05 level

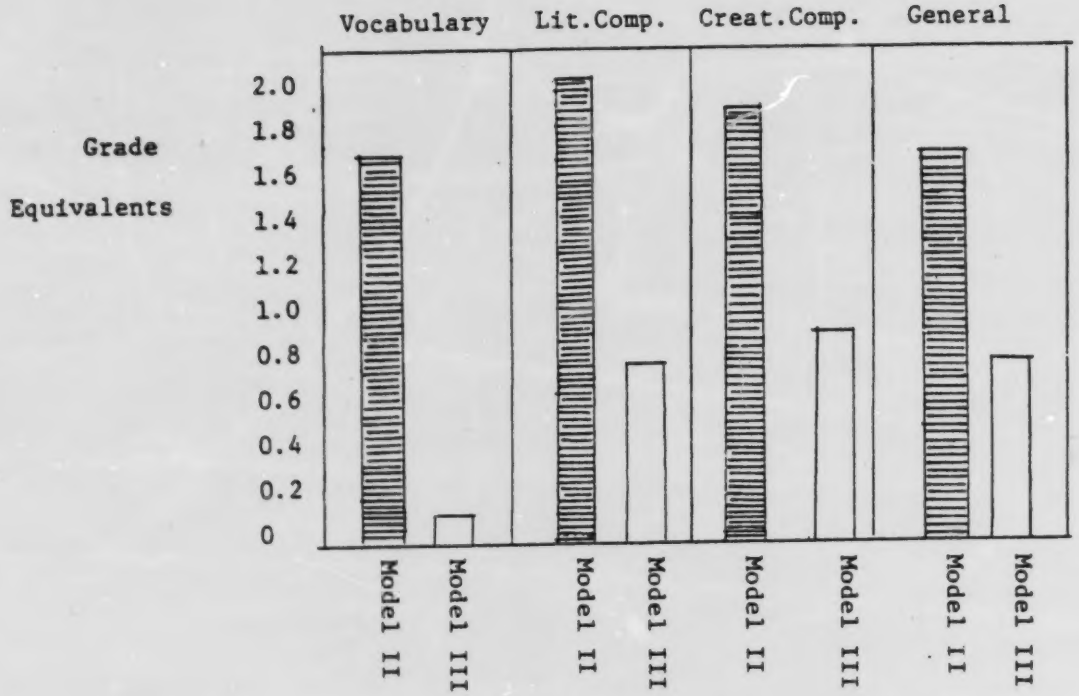

Figure IX

Pre and Post-test Mean Grade Equivalent Scores
on the New Developmental Reading Tests for Models II and III

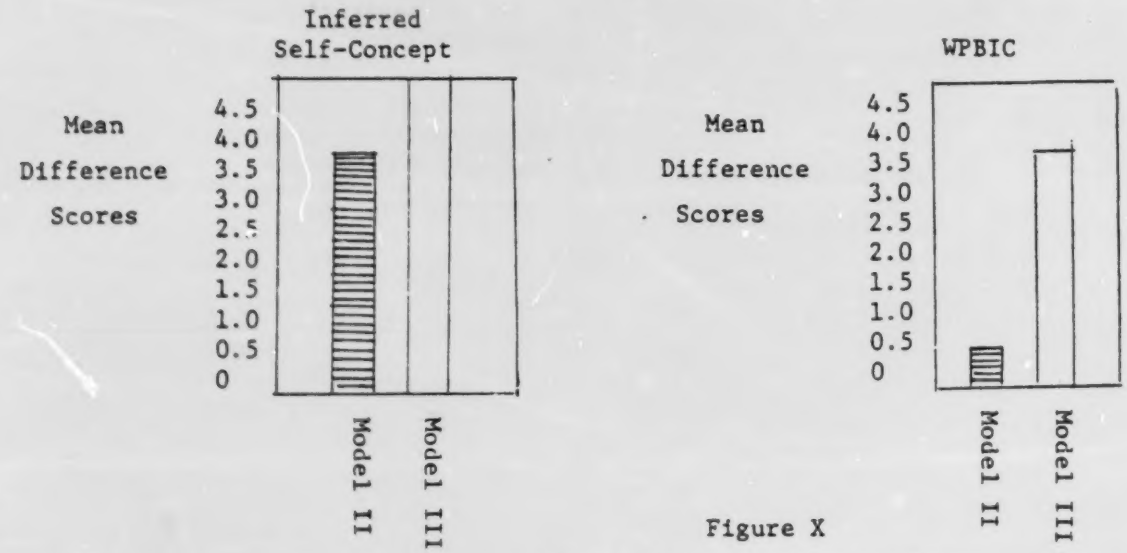

Figure X

Pre and Post-test Mean Difference Scores for
Model II and III
on the Inferred Self Concept and WPBIC

The seventh research question was: Does Treatment Model #2 result in greater change in reading scores and behavior than the control group, Model #4? (Table VII and Figures XI and XII)

Table VII

Mean Change Scores for
Treatment Models II and Control

Test	Group	n	Subtest	Mean	St. Dev.	t Separ.	t Pooled	t Prob. Separ.	t Prob. Pooled
	II	10	Voc.	1.670	1.826	1.99	2.14	0.073	0.045*
	Control	12		0.466	0.635				
	II		Lit. Comp.	2.040	1.889	2.29	2.45	0.042*	0.024*
	Control			0.575	0.794				
	II		Creat. Comp.	1.830	1.369	3.03	3.04	0.007*	0.006*
	Control			0.091	1.304				
	II		Gen.	1.720	0.789	3.32	3.49	0.005*	0.002*
	Control			0.258	0.682				
Inferred Self-Concept	II	12		3.667	19.772	0.25	0.26	0.807	0.795
	Control	15		2.066	11.609				
WPBIC	II			-0.500	0.583	0.02	0.02	0.988	0.988
	Control			-0.583	13.187				

*Significant at 0.05 level

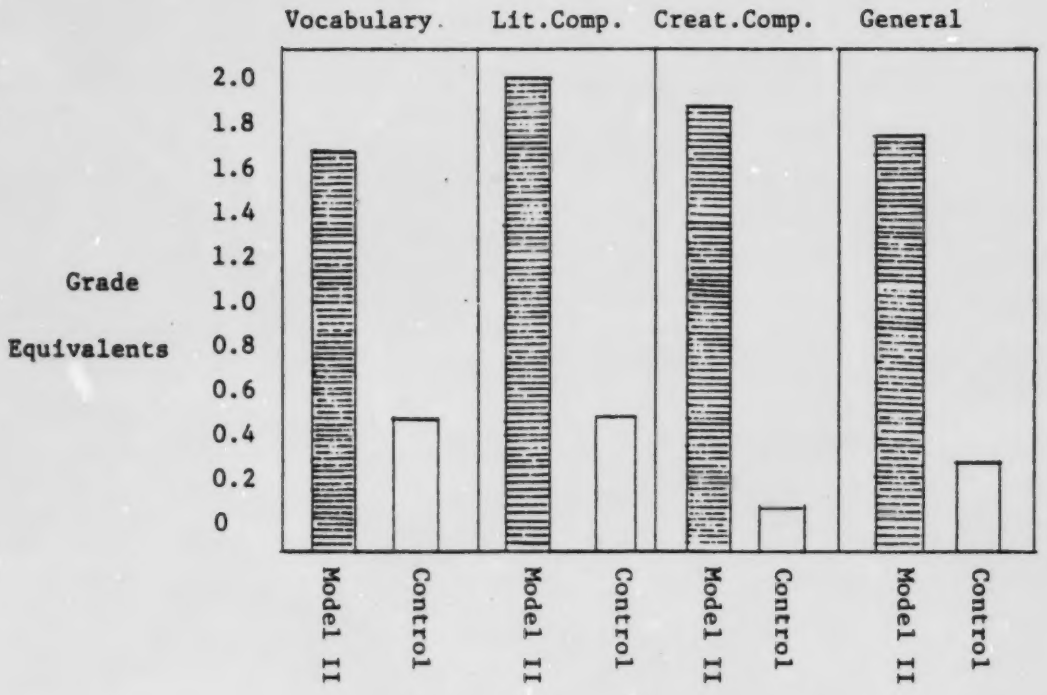

Figure XI

Pre and Post-test Mean Difference Scores on the New Developmental Reading Tests for Treatment Model II and Control

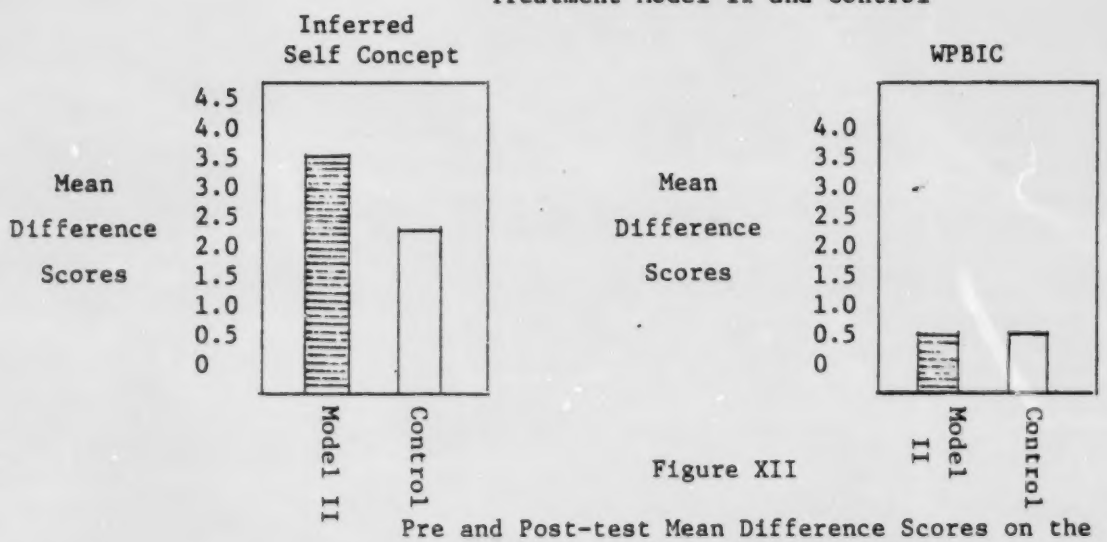

Figure XII

Pre and Post-test Mean Difference Scores on the Inferred Self Concept and WPBIC for Treatment Model II and Control

Another research question was: Does Treatment Model # III result in greater change in reading scores and behavior than the control group - Model #4? (See Table VIII and Figures XIII and XIV.)

Table VIII

Mean Change Scores for Treatment Model III and the Control Group; Model IV

Test	Treatment Model	n	Sub-test	Mean	St. Dev.	t Separ.	t Pooled	t Prob. Separ.	t Prob. Pooled
New Developmental Reading Test	III	6	Voc.	0.150	0.960	1.42	1.64	0.196	0.121
	Control	12		0.466	0.635				
	III	6	Lit. Comp.	0.766	0.575	0.39	0.43	0.708	0.672
	Control	12		0.575	0.794				
	III	6	Creat. Comp.	0.833	1.177	1.21	1.17	0.250	0.259
	Control	12		0.091	1.304				
	III	6	Gen.	0.750	0.952	1.13	1.27	0.294	0.224
	Control	12		0.258	0.682				
Perceived Self-Concept	III	6		7.555	1.245	1.07	1.09	0.300	0.287
	Control	12		2.066	1.160				
WPBIC	III	6		-3.666	10.462	0.54	0.50	0.599	0.626
	Control	12		-0.583	13.187				

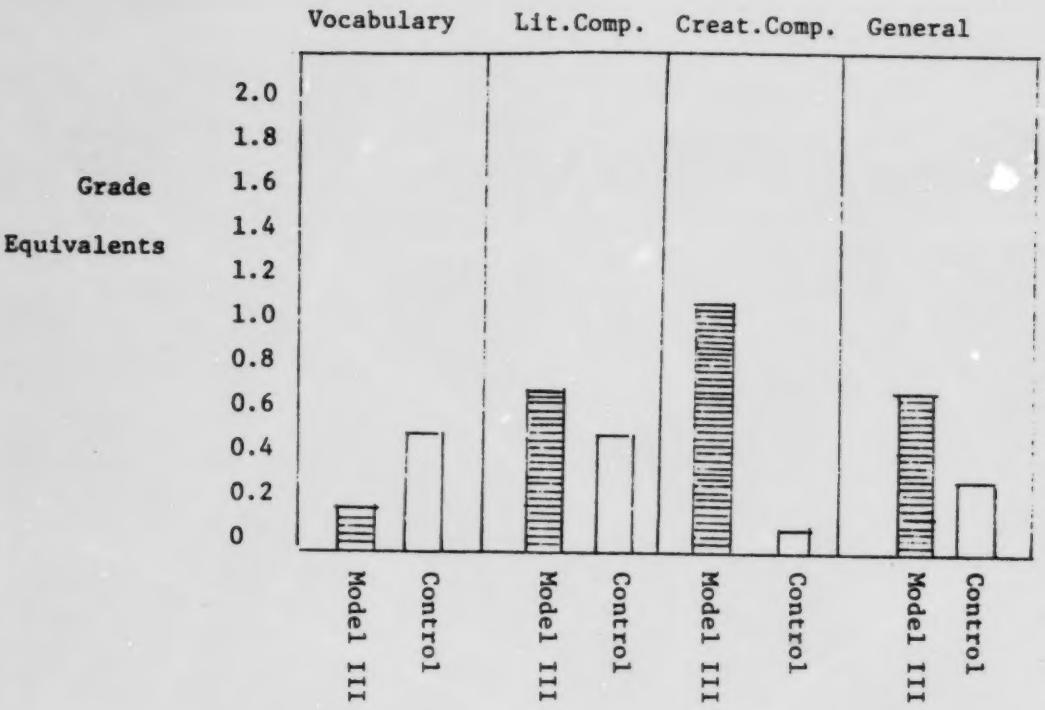

Figure XIII

Pre and Post-test Difference Scores for Treatment Model III and Control on the New Developmental Reading Test

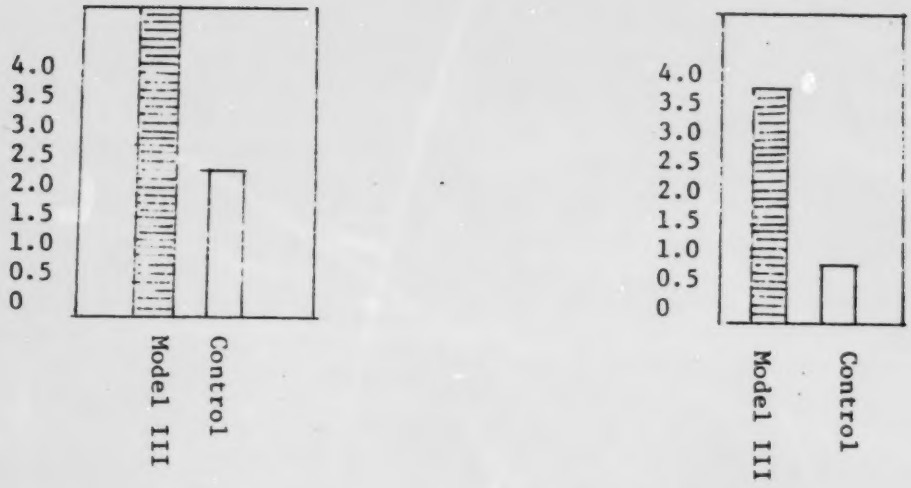

Figure XIV

Pre and Post-test Difference Scores for Treatment Model III and Control Group on the Inferred Self-Concept and WPBIC

A further question raised by this research is: Does the behavior of the children in the Counselling Models I, II and III change significantly during the period of 4 months in which they were counselled? Observational data was gathered by use of the Wery Quay Classroom Observation techniques both before and after treatment and is reported on Table IX.

Table IX

Mean Difference Scores on the
Wery Quay Observation (pre and post)

Test	Subtest	n	Mean Difference Scores	St.Dev.	T.Value	2 Tail Prob.
Wery Quay Observation	Being out of seat	36	-1.6389	5.787	1.70	0.098
	Physically disturbing others	36	-1.8889	3.412	3.32	0.002*
	Audible noise	36	-1.7778	4.799	2.22	0.033*
	Turning in seat	36	-4.9167	13.187	2.24	0.032*
	Negative Vocal.	36	-10.3889	14.738	4.23	0.000*
	Isolation	36	-0.0278	0.167	1.00	0.324
	Other	36	-5.9167	11.828	3.00	0.005*
	Attending to task	36	+13.4722	26.622	-3.04	0.005*
	Irrelevant activity	36	-8.9722	20.970	2.57	0.015*
	Daydreaming	36	-0.1389	5.880	0.14	0.888
	Teacher initiates positive	36	-0.3056	3.694	0.50	0.623
	Teacher initiates negative	36	+0.4167	2.170	-1.15	0.257
	Pupil initiates positive	36	-1.6389	4.624	2.13	0.041*
	Pupil initiates negative	36	-0.1111	2.095	0.32	0.752

*Significant at 0.05 level

A final research question was: Did parents actively involved in Counselling Model I perceived the program as helpful to themselves and their child? This parental feedback was obtained by use of a questionnaire mailed to the parents 3 weeks after termination of Treatment Model #1. Of the sixteen questionnaires mailed out, nine were completed and returned. The following data were obtained.

Table X

Parental Responses To
Counselling Effects on Their Child

Item	No. of Responses
More cooperative	7
Less fighting	6
Happier	5
Less aggressive	5
Less complaining	5
Less crying	2
Less disruptive	2
No change	0

A number of comments were also received and included:

. . . report card has very much improved. My son felt very good about his report card.

. . . has become very open to himself and me. He tries hard to do his best. I find I am not repeating myself. Usually when I ask or say, they do it without hesitation.

. . . has very much improved in himself. He could discuss his problems with the councellor regarding his class troubles and playground fights.

. . . has helped my child become more cooperative and less aggressive. I think the program should be continued and not only in this school. I am sure that many children from other schools could benefit as well.

I feel the counsellor has helped my child in that he listens more to what he is told and has calmed down in most of his attitudes towards many things. The counsellor has explained my son's problems and the ways to help him. I have tried my best to help my son based upon the help provided by the counsellor.

. . . looked forward to every Tuesday with the counsellor because I think he knew there was someone special who is taking a special interest in him and helping him to understand himself and his study problems.

I am very pleased with my child's improvement. His attitudes have improved so you wouldn't think he was the same child a few months ago. His report card was proof of that.

I feel the counsellor has helped my son be more aware of himself but he still has a long way to go.

The counsellors have helped me to understand what my child needed and I tried to understand what it was my son wanted from me.

I hope this program can continued if not for my son then for others, as I believe it is of utmost importance to be able to help children who have to be able to help children who have a problem at school or otherwise.

. . . negative attitude has improved. The counsellor has helped my child to be more aware of things and get along with the other children much better. . . . now realizes that people are trying to help him and not make fun of him. I think the counsellor has been very beneficial to him.

--- By letting my child express his true feelings and letting him

make up his own mind and talk more freely. The counsellor has helped my child.

--- I no longer feel I am the only one that has problems.

--- I feel this project was too short.

. . . like the counsellor a lot and I think he gave him more confidence in himself. Also I think he was encouraged in school at time when he sure needed it.

I wish the counsellor would have counselled my child for the entire year. I enjoyed the meetings. I can see the counsellors are sure out to help the kids and parents which I feel is great. Sometimes we all need to express ourselves and talk things out.

Discussion

This study gives evidence for several conclusions which seem important to teachers, parents, counsellors and administrators of educational institutions and programmes.

(1) Counselling of children with behaviorial and learning difficulties resulted in an improvement of reading performance. This finding was statistically significant as indicated.

(2) Counselling as compared to no counselling children about behavioral and learning difficulties resulted in an improvement of classroom behavior as measured by the WPBIC and the Inferred Self Concept. This improvement is noted in all three counselling models. However these positive gains were not statistically significant due to factors such as a limited client population, length of treatment and the limitations of the tests themselves.

(3) Counselling Model #II was statistically more effective than Models I and III in reading improvement but there was no significant

difference between the three Treatment groups in classroom behavior as measured by the WPBIC and Inferred Self-Concept. The fact that counselling Model II is more effective than III in reading improvement seems to indicate that effective communication between the counsellor and the teacher is crucial in student improvement. This close relationship between teacher and counsellor provided for a team approach in helping the student. These ingredients were missing to some extent in Model #I because the counsellor's had limited time with teachers due to additional responsibilities with counselling and consulting parents. However, the parents of children in Treatment Model #1, who were actively involved in the counselling process, reported considerable improvement in their children's behavior at home (see Appendix E).

Difficulties were experienced in working with some parents of the students in Model #I because of the serious problems they were encountering. Considerable energy and time was required of the counsellors in working with parents which may have reduced their optimum effectiveness with students and teachers. In the future, studies of this nature may show that Model I is more effective when the counsellors have a smaller case load.

(4) As is evident in Table IX the behaviors of the children in the 3 counselled groups improved significantly in a number of categories as measured by the Wery Quay. Of the 14 behaviors measured, improvement was noted in all categories, and statistical significance occurred in seven: physically disturbing others, audible noise, turning in seat, negative vocalization, other, attending to task, pupil initiates positive behaviors. In some categories, such as isolation, no changed was noted because the teachers seldom practised this type of activity.

Conclusions

The evidence from this study provides considerable support for the proposition that counselling has considerable influence on the classroom and home behaviors and reading performance of children with behavioral and learning difficulties. Within the context of the limits of this study, there were indications that Model #II was the most effective counselling approach. Even though it appeared that Model II was more effective, in the researchers' opinion there are times that parents must be involved in the counselling process in order to facilitate optimum communication between home and school and thereby ensure optimum growth and development of the child. Support for this position is evident from the parents' evaluation of Model #1 (see Appendix E).

The counsellors in Model #3 felt considerable frustration due to their inability to discuss the child's problems with the teachers and parents. Thereby a cooperative effort between counsellors, teachers and parents was minimized.

Even though there were limitations in this study, such as the use of counsellors in training, a relatively short treatment duration, a small experimental sample in each of the treatment groups, a high mobility of students in the schools, and an infringements on the teachers and administrator's busy schedule, the evidence provided has implications for the development of counselling in the elementary schools. Studies are needed to further investigate the problems encountered by teachers, counsellors and parents in assisting children with behavioral and learning difficulties.

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Appendix A

Guidelines for the Selection of Students for the Student Development Project

1. A pool of 20 students should be selected from Grades 5 and 6 (Howay and Connaught Heights, Grades 4, 5, and 6).

2. Selection by October 4, 1977.

3. Type of students:

   (a) Acting out behaviors
   (i.e., disrupting class, excessive talking, fighting in school and/or out of school, making unnecessary noise)

   (b) Non-attending behaviors
   (i.e., not concentrating on assigned tasks, daydreaming, etc.)

   (c) Withdrawal
   (i.e., making limited contact with teachers and students, extreme shyness, social isolates)

   (d) Underachievement
   (i.e., working considerably below the student's potential)

   (e) Truancy

   (f) Other maladaptive and inappropriate behaviors which may interfere with learning.

JF/DD:lw
Sept. 15/77

APPENDIX B

1. Inferred Self Concept

2. Walker Problem Behavior Identification Checklist

3. Referral Problem Checklist

3. Werry-Quay

4. New Developmental Reading Test

5. Beckev Adjective Checklist (Patterson Version)

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Referral Problems Checklist

Over the past six months, have any of the following been problems? (Interviewer: Check boxes as needed.)

	Home	School	Community	Other		Home	School	Community	Other
1. Aggressiveness					21. Pouting				
2. Arguing					22. Running around				
3. Bed-wetting					23. Running away				
4. Competitiveness					24. Sadness/unhappiness				
5. Complaining					25. Soiling				
6. Crying					26. Stealing				
7. Defiance					27. Talking back to mother				
8. Destructiveness					28. Teasing				
9. Fearfulness (unreasonable)					29. Temper tantrums				
10. Fighting with sibs					30. Threatening				
11. Fire-setting					31. Whining				
12. Hitting others					32. Yelling				
13. Hyperactiveness					33.				
14. Irritableness					34.				
15. Lying					35.				
16. Negativism					36.				
17. Noisiness					37.				
18. Non-complying					38.				
19. Not eating (at meal time)					39.				
20. Pants wetting					40.				

INSTRUCTIONS FOR OBTAINING A FREQUENCY COUNT
ON DEVIANT CLASSROOM BEHAVIOR

I. Classroom Situation for Observing

Observing should be done in a task situation where the rules are clearly defined. In general, this will be during individual, academic seat work. Activities such as story time and most group situations generally prove unsuitable because rules tend to be relaxed and unclear. Observations should not be done when there is a prolonged period of individual instructions during which the teacher is seated beside the child, since this tends artificially to minimize deviant behavior.

II. Observing Procedure

The observer must seat himself close enough to the child to be able to hear what the latter is saying and to see what he is doing on his desk without the observer making himself obtrusive. The observer must not interact with the child or the class in any way.

Observe the child (one at a time) for 20 seconds and then rest for 10 seconds during which the appropriate symbols can be entered in the cells of the score sheet. Behaviors occurring during this 10 second period are never recorded. Thus there are two observations per minute. Presently there are 30 separate cells of observation, thus taking a total observing time of 15 minutes. Timing must be exact. There is no objection to splitting the observations (i.e., part before recess and part after recess).

The scoring sheet should consist of 30 cells subdivided in half by a dotted horizontal line.

III. Definitions of Observations

There are three classes of observations: deviant behavior, on task behavior, and teacher contact.

A. Deviant Behavior

Deviant behavior is defined as any behavior which contravenes any explicit or implicit rule under which the class or individual child operates. Therefore, it is imperative to determine what the rules are in a given classroom before undertaking any observations. The observer should question the teacher particularly about conditions under which it is permissible for a child to leave his seat and to speak. When there is any doubt about a particular behavior, mark it nondeviant.

Only one symbol of a given type should appear in a cell though it is permissible to have as many different symbols in the one cell as necessary.

It is helpful to record the deviant behaviors as they occur rather than waiting for the end of the observation period to write these down. If the on task item (see below) is left for the 10 second "off" period there will be little danger of getting cells muddled.

1. Out of Seat - This is defined as any situation in which the normal seating surface of neither buttock is applied to the child's seat or in which there is movement of his desk or chair so that its ultimate stationary position is altered (thus swinging a seat on its axis or tilting a chair on its legs is excluded). Where the child is performing a permitted out of seat activity such as sharpening his pencil (after having gotten permission from the teacher) this would not be marked as out of seat behavior except (a) when deviant behavior occurs during the permitted act such as "side trips," looking at things on the teacher's desk, stopping to talk, etc., or (b) when the permitted activity is prolonged beyond a reasonable period of time or altered in some significant way.

2. Physical Contact or Disturbing Others Directly - Any physical contact initiated or reciprocated between the child under observation and another person independent of the intent of the child (aggression or affection). Include here physical contact made with another person by means of an object such as a book held in a hand or an object thrown, or some disturbance of another person or child by the subject in which there is contact not with the other's body but rather with objects about him such as his work, his desk, etc. Examples: grabbing objects or work, knocking objects off the other's desk, destroying his property or pushing his desk.

3. Audible Noise - Any nonvocal, nonrespiratory noise which is clearly audible, and which is not an integral part of a nondeviant activity. Examples: tapping a pencil, clapping, tapping feet, rattling or tearing papers, throwing a book on a desk, slamming a desk closed, etc.

4. 90 Degree Turn, Seated - A child must be seated and the turn of the head and/or body must be more than 89 degrees. The desk is used as a reference point. Exception is when the child wishes to attract the teacher's attention and turns, raising his hand to attract attention. A helpful guide here is if the head is parallel to the shoulders, or if the child or the other person looked at is beyond the 90 degree arc, the turn must be in excess of 89 degrees.

5. Vocalization - A vocalization or other respiratory noise such as a whistle which is not task related and which is not physiological (this includes normal cough or sneeze). Examples: answering teacher without first raising hand, talking to others without permission, muttering obviously for an audience, swearing, etc. Do not rate as V behavior which is a direct response to a teacher's question or, in general, when a teacher is with the child except where the content of what is said is clearly deviant, such as stating refusal to do work, putting off obeying instructions, swearing, etc. Do not include working out loud.

6. Isolation (i.e., for deviant behavior) - The child has been sent out of the room as a punishment or has been placed in the time out room. The appropriate below the dotted line (i.e., on task-off task) symbol in such cases is //; other deviant behaviors which can be noted such as vocalizations and noises should be recorded along with the I.

7. Other Deviant Behavior - Include here behaviors which do not fit easily into a category above and also behaviors which are situational rather than absolutely deviant. For example, engaging in a task other than that which is assigned (reading instead of doing arithmetic, drawing instead of reading, etc.). Include here also daydreaming. The following are not deviant behaviors: playing

with clothes, playing with self, chewing gum, playing with pencil in hand (all other pencil activities such as propping desk up with a pencil or taking a ball-point pencil to pieces, stubbing the point heavily on wood, etc., are deviant).

B. Attending

1. On Task-Off Task - This is defined as an attempt to assess the child's attention to the designated task material. Attending is defined as the eyes being applied to the task material or to the teacher for a period of not less than 15 out of the 20 seconds of observation (use your stopwatch!). Exceptions to this are when the child can be clearly seen to be on task even though his eyes are off his work; for example, counting on his fingers, working out loud, etc. It should be noted that while it is possible for deviant behavior - particularly disruptive noises such as tapping the foot or deviant behaviors of short duration (less than 5 seconds) - to be recorded and yet the child may still get an "on task" check, the converse - being off task without some deviant behavior being noted above the line - cannot occur. In general when in doubt put a ∅ above the line.

2. Irrelevant Activity - Activity while engaged in some other activity which is either clearly deviant or not the assigned one for more than 5 seconds. Sometimes this will become apparent only after some time has elapsed as for example when the teacher comes up and admonishes the child for doing other than that which is assigned. In such circumstances the incorrect cell should then be corrected.

3. Daydreaming - This type of behavior is very uncommon in conduct problem children. Here the child is off task for more than 5 seconds but does so by daydreaming or staring into space rather than some active endeavor.

C. Teacher Contact

Teacher is defined as any adult person who is interacting with the children rather than just observing them. Any contact between teacher and child whether initiated by child or by teacher is scored here. This would include such obvious contacts as talking to the child but also less obvious ones such as gesturing or turning the child's clock on or off. It is permissible to have only one teacher contact noted in a cell.

- Teacher initiated contact (no instigation on part of child)
- Child initiated (include both questions, etc. Add teacher responding to deviant behavior)
- Positive contact
- Negative contact

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WERRY-QUAY (1969) OBSERVER FORM - USE ✓ MARKS FOR BEHAVIOUR

Observer _____ Date _____ Time _____

Teacher _____ Student _____

Age of Student _____

Intervals	BEHAVIOURS	Being out of seat	Physically disturbing others	Audible noise	Turning in seat	Negative vocalization	Isolation (out of room)	Other	Attending to task or teacher	Irrelevant activity	Day dreaming	Teacher initiates +	Teacher initiates -	Pupil initiates +	Pupil initiates -
0-1/2															
1/2-1															
1-1 1/2															
1 1/2-2															
2-2 1/2															
2 1/2-3															
3-3 1/2															
3 1/2-4															
4-4 1/2															
4 1/2-5															

Intervals	BEHAVIOURS	Being out of seat	Physically disturbing others	Audible noise	Turning in seat	Negative vocalization	Isolation (out of room)	Other	Attending to task or teacher	Irrelevant activity	Day dreaming	Teacher initiates +	Teacher initiates -	Pupil initiates +	Pupil initiates -
5 1/2-6															
6-6 1/2															
6 1/2-7															
7-7 1/2															
7 1/2-8															
8-8 1/2															
8 1/2-9															
9-9 1/2															
9 1/2-10															
10-10 1/2															
10 1/2-11															
11-11 1/2															
11 1/2-12															
12-12 1/2															

Intervals	BEHAVIOURS	Being out of seat	Physically disturbing others	Audible noise	Turning in seat	Negative vocalization	Isolation (out of room)	Other	Attending to task or teacher	Irrelevant activity	Day dreaming	Teacher initiates +	Teacher initiates -	Pupil initiates +	Pupil initiates -
12 1/2-13															
13-13 1/2															
13 1/2-14															
14-14 1/2															
14 1/2-15															

Werry and Quay are concerned with three general categories of behaviour: deviant behaviours, attending behaviours and teacher-pupil interaction. Behaviour observation are recorded each 20 seconds for 15 minutes. Ten seconds are allowed for recording and rest. Behaviour is recorded by its occurrence rather than duration. This is a frequency count. Many samples can be taken as several occasions to insure validity.

Werry, J.S. and Quay, H.C. Observing the Classroom Behaviour of Elementary School Children. Exceptional Children, 1969, 35, 461-470.

APPENDIX C

- Training of Counsellors
- Counsellor as Consultant to Teachers
- Theoretical Models for Working with Parents
- How to Make and Use a Sociogram
- Phases in Counselling
- Facilitative Therapist Attitudes in Training Parents as Psychotherapeutic Agents
- Child Development Project Approach to Counselling
- Theoretical and Practical Considerations in Working with Children
- Counselling Methods in Initiating Contacts with Elementary Students
- Marital and Family Counselling

Appendix B

Training of Counsellors

The eleven counsellors involved in the study were trained in the use of counselling skills at the Department of Counselling Psychology, University of British Columbia. In addition to the counselling skills training, courses in family, secondary and elementary children were provided. Although the counsellors were trained in the theoretical orientation of Glasser (1964), Dreikurs (1968), Patterson and Gullion (1968) and Carkhuff (1969), the model of counselling employed was mainly based upon Egan (1975). Below is the developmental model of helping and interpersonal relating used in this study:

(1) Pre-helping or pre-communication phase: Attending
Helper's goal: To attend to the other, both physically and psychologically; to give himself/herself entirely to "being with" the other; to work with the other.

(2) Stage I: Responding/self-exploration
Helper's goal: To respond to the client and what he/she has to say with respect and empathy; to establish rapport, an effective collaborative working relationship with the client; to facilitate the client's self-exploration.
Client's goal: To explore the client's experiences, behavior, and feelings relevant to the problematic in his/her life; to explore the ways in which he/she is living ineffectively.

(3) Stage II: Integrative understanding/dynamic self-understanding
Helper's goal: The helper begins to piece together the data produced by the client in the self-exploration phase. He/she

sees and helps the other identify behavioral themes or patterns. He/she helps the other see the "larger picture." He/she teaches the client the skill of going about this integrative process himself/herself.

Client's goal: Developing self-understanding that sees the need for change, for action; learning from the helper the skill of putting together the larger picture for himself/herself; identifying resources, especially unused resources.

(3) Stage III: Facilitating action/acting

Helper's goal: Collaborating with the client in working out specific action programs; helping the client to act on his/her new understanding of himself/herself; exploring with the client a wide variety of means for engaging in constructive behavioral change; giving support and direction to action programs.

Client's goal: Acting. Living more effectively; learning the skills needed to live more effectively and handle the social-emotional dimensions of life; changing self-destructive and other-destructive patterns of living; developing new resources.

The counsellors were also trained in specific counselling skills by the research supervisors. These training seminars were provided prior to the commencement of counselling the elementary students. The workshops for the training of counsellors were:

(1) Werry-Quay Observation Forms

The use and application of observation of selected elementary students.

(2) The Counsellor as Consultant to Teachers

A model of consultative-counselling was explored and the various steps involved were illustrated and practiced.

(3) Consulting with Parents

Various theoretical approaches (Adler, Freud, Learning Theory, Gordon and Satir) were examined. A model of consulting with parents was demonstrated and practiced.

(4) How to Make and Use a Sociogram

Information on the making and using of sociograms in assisting students encountering problems.

(5) Phases in Counselling

Counselling phases were examined and discussed. Such phases as initiating, providing structure, closing an interview, confronting and use of questions.

(6) Counselling Methods in Initiating Contact in Counselling Elementary Students

Various techniques and methods were examined in initiating counselling such as the use of play, drawing, painting, puppets, etc.

(7) Theoretical and Practical Considerations in Working with Children With Learning, Acting Out and Withdrawal Behavior

Topics such as setting limits, natural and logical consequences, developing trust, and contracting for certain desirable behaviors were discussed.

THE COUNSELLOR AS CONSULTANT TO TEACHERS

- G. Saleski

The purpose of this paper is to introduce the role of counsellor as consultant to teachers. Many educators feel that teacher-counsellor consultation is an important part of the process to integrate the guidance function into the educative process and curriculum.

The Joint Committee Report (1966) defined consultation as:

> "... the process of sharing with another person or group of persons information and ideas of combining knowledge into new patterns and of making mutually agreed upon decisions about the next step needed."[1]

For our purposes, consultation is defined as the process by which significant figures in the student's life communicate about him. Significant adults in the life of the student will include some of the following:

- parents
- teachers
- school administrators
- agency helpers to the school, e.g. social workers, speech and hearing specialists, psychologists, etc.
- public health nurse
- family physician
- learning assistants

and others

Although the focus is on the counsellor's consulting role with teachers, it is important that the counsellor be aware of these other significant adults in the life of the students.

Teacher-counsellor consultation is usually held at the request of teachers who require assistance or information which will help them to increase the effectiveness of their relationship with either individual children or groups of children. The increased competencies in human relations will help the teacher to develop an increased understanding in human behavior which they can then apply to their interpersonal contacts in the classroom. In this way teacher-counsellor consultation will reduce the number of students needing individual attention from the counsellor.

The following are some of the situations in which counsellors may become involved as consultants to teachers:

(a) The teacher requests assistance regarding a specific student so that they will both be able to function more effectively in the classroom.

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[1] ACES-ASCA Joint Committee Report on the Elementary School Counselor, April 2, 1966 (working paper), in Don Dinkmeyer (ed.), Guidance and Counseling in the Elementary School: Readings in Theory and Practice. New York: Holt, 1968. p. 101.

(b) There is a teacher request for assistance in working with a group of students in the classroom situation.

(c) A teachers requests counsellor consultation/involvement in the development and utilization of guidance type materials in the classroom situation.

(d) The school principal may seek consultation with the counsellor and involved teachers regarding the specific needs of certain students.

(e) The counsellor may ask to consult with a group of teachers in order to determine if modification of the environment will facilitate student development.

(f) School in-services during which counsellors make formal presentations of certain guidance functions.

The situations in which counsellors become involved as consultants to teachers are many and varied. It is important that at the initial meeting the counsellors be able to give teachers a clear indication of what services they are able to provide and how the teachers can make use of these services. As well, it is important that the counsellors be sensitive to the teachers' expectations of the counselling service.

The Counsellor-Teacher Consultant Relationship

When developing the counsellor-teacher consulting relationship it is important that the counsellor make it a collaboration. Only by working together can problems be first understood and then resolved. It is important that the counsellor as consultant to teachers avoid giving either ready answers or vague generalizations. Instead, it is important that the counsellor listen, empathize and concentrate on the teacher's perception of the situation. Just as counsellors promote students' understanding and decision-making ability by first listening and then employing their other counselling skills; so also must they use this technique when serving as consultant to teachers.

It is important that teachers perceive the counsellor as someone who cares and is capable of giving help. It is imperative that the counsellor foster these perceptions by giving prompt responses to teacher requests and having an empathic attitude indicating a sharing of the teachers' concerns. It is suggested that when initiating the consultant to teacher role in a school, counsellors begin by first working with a relatively small number of teachers to enhance the opportunity to develop success experiences.

Teacher willingness and readiness to become involved in the consultation process is an essential aspect of the consultant relationship. It is also important that teachers feel free to seek consultation with the counsellor when they perceive a genuine need. However, it is also important that individual teachers be free to either seek or not seek assistance from the counsellor; it is recognized that consultation is more effective when the teacher takes the initiative and seeks to obtain the necessary assistance to resolve recognized classroom problems (Dinkmeyer, 1970).

It is important that counsellors seeking to develop consultant relationships with teachers, work at developing a mutual trust, respect and confidence between themselves and the teachers. This also involves the counsellors having a combination of counsellor respect for the teaching profession and an awareness of the skills involved in the teaching act combined with a respect for the professional skills of the teachers.

In order that teacher-counsellor consultation be effective, it is important that there be a mutual awareness of and agreement to the consultation goals and purposes. In the consultant relationship the counsellor and teacher jointly focus on helping the student to understand his broad educational objectives by applying their personal knowledge of human behavior.

Collaborative consulting relationships between counsellors and teachers require that they both be active participants in the attempts to first understand the problems and then to develop tentative hypothesis together with recommendations. Collaborative consulting relationships ensure that both teachers and counsellors are committed to any recommendations arrived at. However, it is most important that counsellor consultants to teachers be aware of and accept the fact that the responsibility and decision for using or rejecting advice remains with the teacher being consulted.

Counsellors as consultants to teachers may employ the following steps in the problem solving process:

i. Focus on all relevant data.
ii. Understand the possible meaning behind specific behaviors (student, class, etc.).
iii. Hypothesis as to possible causes.
iv. Tentatively, in collaboration, think through what kind of need that may be evidenced.
v. Consider how this need may be met by the teacher in the classroom situation.

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Appendix A

Counsellor as Teacher Consultant: Simulation Exercise

An even numbered group of counsellors is divided into dyads. In each dyad one counsellor takes the role of teacher while the other takes the role of counsellor consultant to teacher. Each dyad then deals with the following analog of a student's school related problem. Or is it a school related problem?

Presenting Problem: The school science teacher (male) comes to the counsellor with the concern that a 13 year old girl is becoming a behavior problem in the classroom. He informs the counsellor that the student's performance in science is characterized by a combination of poor academic performance and frequent absenteeism from the science class. The teacher concludes the description of his concerns with an invitation that the counsellor observe the student in the science classroom situation. (Note: In working through this problem both "counsellor" and "teacher" may supply data they deem relevant.)

The second half of the simulation exercise involves the dyads retaining their compositions, but with the members exchanging roles, i.e. the "teacher" now becomes the "counsellor" and vice versa. Both counsellors and teachers are presented with cards containing information characteristic of the type they would ordinarily have available. The teacher presents the stated problem, information he feels is relevant and personal perception of the problem. The consultation process between teacher and counsellor follows.

Upon completion of the two simulations the individual dyads join to form the group as a whole at which time there is a general discussion of the problems presented, difficulties experienced in the consultation process and tentative recommendations offered.

S.D.P.
Sept. 20/77

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S.D.P.
Sept. 20/77

STUDENT DEVELOPMENT PROJECT

Effective Counsellor Consultation With Teachers

- G. Saleski

The focus of this paper is on the development and implementation of effective counsellor consultation with teachers. Specifically, there will be a focus on how the counsellor can use the procedures of behavior modification as active interventions when assisting the classroom teacher in directing the problem student's behavior towards the attainment of educational and social objectives. Achieving this goal as consultant counsellor involves:

(a) specifying desired student terminal behaviors

(b) facilitating the classroom teacher's acquisition and implementation (i.e. decrease acquisition time and increase teacher rate of usage) of the mutually agreed upon behavioral procedures.

Regardless, it is important that the counsellor as consultant remember the following rule:

"A counsellor's success is judged by the degree to which he can help students engage in more appropriate types of behavior."

The behavioral approach to helping students with specific problems is characterized by the following precepts:

(i) human behavior is learned, therefore the counselling process must be a learning process.

(ii) effective procedures for producing desired behavioral change lie in arranging the student's environment to promote the desired learning.

(iii) the outcomes and goals of counselling are stated and assessed as specific changes in behavior shown by the student.

(iv) the counselling process is only a small part of the total process of helping the student learn to solve his problems. Others (peers, teachers, etc.) are also involved in providing the student with an environment conducive to new learning.

(v) counselling procedures for different individuals will vary - they are specifically designed in response to the unique problem(s) of each individual.

(vi) specific counselling procedures and techniques are based on knowledge of the learning process.

Initially, the counsellor as consultant to the classroom teacher may either alone, or with the teacher, complete the following "Consultant Referral" form as an aid in selecting the specific goals of behavior change.[1]

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[1] Dinkmeyer, D.; Carlson, Jon. Consulting: Facilitating Human Potential and Change Processes. Columbus, Ohio: Charles E. Merrill Publishing Co., 1973, pp. 179.

CONSULTANT REFERRAL FORM

Child's name _____ Grade _____ Age _____

Teacher _____ Time available for consultation _____

Family constellation (by age) _____

Family atmosphere _____

Specific description of learning difficulty or behavioral difficulty:

Is the problem focused primarily on one of the following 5 areas? Please circle. These areas are listed only to suggest classifications at the moment. Obviously many problems will overlap.

1. Intellectual deficiency.
2. Learning problems, educational adjustment, questions regarding placement.
3. Emotional problem, personality maladjustment, social adjustment.
4. Discipline.
5. Delinquent tendencies.

Please describe the problem briefly. Anecdotal observations would be particularly appropriate. The anecdotes should include the child's behavior, your response or reaction, and his response to corrective efforts (antecedent event, behavior, consequence).

Tentative ideas regarding reasons for the behavior:

Child's assets, strengths:

Corrective actions utilized to this point:

Procedures which work with this child:

Mutually acceptable recommendations:

The following are general suggestions for the counsellor in his role as consultant to teachers[2]:

1. Helping the teacher to be aware of the importance of the relationship between himself and the child. The consultant could suggest a specific way in which the teacher might change the relationship and indicate how this change, if it is done consistently, may influence the child. The encouragement relationship is basic to the consultation process (Dinkmeyer and Dreikurs 1963).

2. Helping the teacher to understand the efficacy of logical consequences, in contrast to punishment. For example, the consultant can help him to recognize, that if the tardy child does not have the assignment reviewed for him, he may learn to come on time. In the same manner, if the child who acts out during instruction is given his instruction after the class, he may learn to be more cooperative (Dreikurs and Grey 1968).

3. Helping the teacher to avoid rewarding misbehavior. Frequently, the teacher unconsciously helps to maintain the misbehavior. For example, if a child is acting up and disturbing the class, instead of removing the child, which may involve the teacher in a power struggle and may be just what the child is interested in, the teacher should refuse to fight with the student. He could, instead, dismiss the child at this time and arrange a private session with him at a later date (Dreikurs 1968).

4. Helping the teacher to be aware of the nature of his relationship with the children. Some teachers are too kind, and the children run all over them. Other teachers try to be too firm and too tough, and the children only rebel. The consultant can provide the teacher with a more objective observation of the nature of his relationships with children. He can help him to see how each relationship must be composed of both kindness and firmness. The kindness will indicate to the children that he really cares and respects them, while the firmness will indicate that he has some respect for himself, which in turn elicits the children's respect.

5. Helping the teacher to become aware of the power of the group and group discussion. Since all behavior has a social purpose, behavior can often best be influenced through group discussion. The group can often serve as an excellent diagnostic tool. When the teacher does not know why the child is misbehaving during a group discussion, he may ask the class, "Why do you think Johnny is acting as he is?" Frequently the peers will be very sensitive to the purpose of this misbehavior.

6. Helping the teacher to become more aware of the way in which the child reveals his life style through his interactions with him and peers. Nonverbal behavior (smiles, signals, and other

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[2]Dinkmeyer, D.; Carlson, J. Consulting: Facilitating Human Potential and Change Processes. Columbus, Ohio: Charles E. Merrill Publishing Co., 1973, pp. 192-193.

facial expressions) may help to see the child's psychological movement and the way in which he seeks to become significant in the group. It is only as the teacher becomes aware of each child's unique life style that he has access to procedures for modifying his behavior.

7. Helping the teacher to recognize that one of his most powerful tools for change is the proper utilization of responsibility. Too often teachers give responsibility to the child who has demonstrated responsibility. It is much more useful therapeutically to give responsibility to a child who needs the responsibility to enhance his development.

8. Helping the teacher to free himself from outmoded approaches for dealing with difficult children. He should be particularly cautious of using schoolwork or assignments as a punishment and should refuse to become involved in the client's attempts to manipulate him. The teacher must become competent in understanding human behavior and motivation.

9. Helping the teacher to understand the child's style of life and to learn to anticipate the child's actions. Often when the teacher is confused, his best response is to do exactly the opposite of what the child expects.

10. Helping the teacher to recognize that talking at the child will not change his behavior. It is often observed that teachers tend to talk too much and act too little. The consultant should help the teacher to see how a new relationship and logical consequences are more efficacious.

11. Helping the teacher to develop a classroom council. When there is considerable difficulty within a room, a classroom council can help set limits and rules which will be more acceptable to the total group.

When considering the consultant relationship of New Westminster teachers and U.B.C. student-counsellors it is imperative that the unique contributions of both groups be acknowledged and utilized. The U.B.C. student-counsellors are able to contribute a variety of baseline data (Q-Sort, Self-Concept Scale, etc.); as well, they have the expertise to interpret this data. New Westminster teachers are able to supplement this information with their day-to-day classroom observations, academic progress reports, and other test scores.

After having given due consideration to both sets of information, the teachers and student-counsellors will be able to jointly determine which of the following behavioral procedures will be used to attain the desired behavioral objectives:

I. Positive Reinforcement and Extinction

Positive reinforcement occurs when the stimulus following a behavior (e.g. an important event or object) results in the behavior being maintained or increased in frequency. Conversely, extinction is the procedure whereby reinforcement is withheld from a previously reinforced behavior.

E.g. The student-counsellors, as consultants, may verbally commend teachers following their use of appropriate behavioral procedure. A specific instance might be commending the teacher for attending to the selected student following a desirable response or for withholding attention following an undesirable response.

II. Descriminative Stimuli

The descriminative stimuli are events, objects, or behaviors which occur prior to the occurrence of the behavior and thus serve to bring about the behaviour's occurrence. Being antecedents to the behavior they include directions, prompts, models, etc.

E.g. The student-counsellor may model a strategy (when working with either the teacher or the selected student) which serves as an example of how the teacher, in turn, can behave when problems arise.

When involving teachers in determining behavioral strategy, some of the following questions may elicit operational statements of student behavior: What did he do? What does he spend the most time doing? What happened prior to and following the occurrence of the behavior? What is usually happening when the behavior does not occur? What has worked or is working as a reinforcer? Usually the combination of discriminative stimuli and reinforcement is more effective in reaching stated objectives than if either is used alone. Put another way, in addition to instructing the consultee in the use of behavioral procedures, the occurrence of reinforcement must also be assured.

III. Fading

This is the process in which discriminative stimuli (prompts, directions, etc.) are gradually and progressively withdrawn.

This is the procedure used by the consultant counsellor to assure that the consultee's behavior (students, teachers, etc.) does not become dependent upon your assistance; instead, fading fosters goal mastery and independent action.

IV. Scheduling

Scheduling involves the gradual removal of reinforcing consequences.

Initially, the focus is on increasing the wished-for behavior to the desired level by reinforcing it as frequently as possible. However, once the desired level is reached, the reinforcement schedule is gradually thinned out by selecting and implementing an intermittent reinforcement schedule.

Having considered the general aspects of behavior modification interventions when consulting with teachers, we will now develop a particular aspect of these interventions: the reinforcement power of the involved classroom teacher.

The counsellor consultant begins by observing the student in order to generate a baseline record of the selected student's behavior. These observations should focus on the problem behaviors and on alternate, more appropriate behaviors. As well, the responses of the teacher to the student should be measured.

Having obtained the baseline data, the counsellor consultant helps the teacher to change her/his pattern of responsiveness to the student involved.

E.g. If the teacher has been attending to undesirable student behavior by scolding, he now attempts to completely ignore the behavior.

If the teacher has been observed to be inattentive to desirable but infrequent behavior, he now sets out to systematically detect and reinforce every instance of it.

This second stage continues until the counsellor and teacher succeed in producing the desired behavior change in the student. Note: If the attention contingent upon the desired behavior does not produce the desired effect, then token reinforcements may be considered as a viable alternative.

Once the desired behavior and levels of frequency have been achieved, then the counsellor and teacher jointly select behavior modification interventions designed to make the student's desirable behavior more durable and more generalizable. As a consequence of these changed interventions, the teacher and/or the student-counsellor will switch from continuous to intermittent reinforcement and attempt to substitute more natural forms of reinforcement.

The following are examples of these preceding interventions applied to hypothetical situations:

Case Study #1

Subject: A ten year old girl.

Characteristics: - extremely withdrawn
- adult oriented

Behavioral Goal: Greater involvement with peers.

Teacher Intervention: Structuring the classroom environment so that other children get into the girl's activity area, thereby providing opportunity for peer interaction.
Provide praise for interacting with peers.
Gradually switch to intermitten reinforcement.

The objective is that eventually peers and social activities will take over the reinforcing function from the teacher.

Case Study #2

Subject: Bill, a 10 year old boy.

Characteristics: - disruptive behavior (baseline observations revealed that study occupied 25% of the time, while disruptive behavior occupied 75% of the time
- very little academic effort
- teacher encouraged Bill to work ($\leq$ 50% of the time) and chided Bill for dawdling ($>$ 50% of the time)

Assessment: It was hypothesized that Bill's difficulties stemmed from improper contingencies of reinforcement provided by the teacher, e.g. over 50% of attention directed towards Bill's non-study behavior.

Teacher Interventions: Teacher would make an improving comment whenever Bill worked for two minutes.

Stopped attending to dawdling or disruptive behaviors.

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Theoretical Model for Working with Parents

The emphasis upon working with parents, rather than just the deviant child, has become more common in recent years.

Emphasis has varied, however, depending on theoretical perspective.

(1) Psychoanalytic
- Freud worked primarily with the individual
- attempt was to resolve intrapsychic conflict

(2) Adlerian
- interpersonal emphasis
- work with individual and families
- family constellation, family education

(3) Social Learning
- stressed importance of changing social environment in which the child lives
- in such approach, the parents are taught the skills necessary to reduce deviant behavior and increase more adaptive behavior
- typically parent is not only taught new skills, but carefully supervised as he "works" with child.
- training parent and teacher as treatment agents should increase the permanence of the changes in child behavior.

(4) Bell
- emphasis upon family roles, sort out role conflicts, role stereotypes

(5) Communication Networks
- Joy Haley, Virginia Satir, Gordon

Basic Hypothesis in Working with Families

- Deviant child is the outcome of some underlying neurotic conflict in one or more of the parents, or some disruption in roles with accompanying problems in communication.

- Long term changes in child can only be brought about as result of changes in family dynamics.

Some Empirical Questions

(1) Are parental neurosis or underlying marital conflicts necessary and sufficient conditions for producing deviant behaviors?

Our research rejects this position. We believe that communication patterns in the home or school, the reinforcement contingencies and the parental role conflicts are correlates of deviant child behavior.

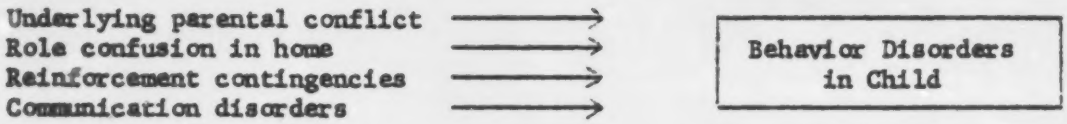
Thus it should be possible to educate or train families to function effectively so as not to produce behavior disorders in children.

- alter communication patterns

- alter reinforcement contingencies
- alter roles
- alter labeling procedures

Traditional therapists may claim this is only symptom substitution rather than dealing with underlying issues, i.e. conflicts, intrapsychic and unconscious forces.

Whether this is so or not relates back to the antecedents of behavior disorders in children.



Theoretical Commitments in Our Research

Four Levels of Commitment

(1) Educational model
(2) Consultation model
(3) Marital Enrichment model
(4) Counselling & Therapy model

(1) Educational Model
- it is possible to educate or train parents to become more effective parents
- models to be used:
  - STEP training program
  - Adlerian and Gordon training package of 9 lessons

(2) Consultation Process
- three theory process of supervising parents in their home
- use of Adlerian, Behavior Modification and Gordon training and supervision procedures
- review basic constructs

(3) Family Enrichment

(4) Family Counselling & Therapy
- where applicable

Research Questions Raised

(1) Is there a strong overlap between children identified as problems in the classroom and problems in the home?

- see Wolff, "Behavioral characteristics of primary children referred to a psychiatric department", British Journal of Psychiatry, 1967, 113, 885-893.

(2) Does reducing deviant child behavior in the home affect classroom performance?

- see Wohler, "Setting generality, some specific and general effects of a child behavior therapy", Journal of Applied Behavior Analysis, 1969, 7, 71-78.

- J. Friesen

Adlerian Psychology

First, let's examine Adlerian Psychology. Alfred Adler listed the following three life tasks:

1. Man has to be useful, he has to make contributions, to work.
2. Man has to get along with others, to be social, to have friends.
3. Man has to find a solution to some of his problems with the opposite sex.

Rudolf Dreikurs added two others:

4. Man has to get along with himself.
5. Man has to find his place in relation to the universe. "We have a place in every group by our mere existence," said Adler. Thus we find Dreikurs discussing (1) the impact of democracy on social atmosphere, making traditional methods of child raising obsolete, (2) equality of individuals regarding dignity and respect, (3) necessity for responsible behavior, (4) desire for belonging, and (5) goal-directed behavior.

Specific suggestions for child raising, based on the above life tasks, would include:

1. Encouragement. This is one of Dreikur's most important concepts. "A misbehaving child is a discouraged child" he said. What is the solution? To give courage. Allow for the courage to be "imperfect". For example, when we say, "You can do better" we are not being encouraging because we are implying that the child is not good, or okay, now. We must accept him as he is now.

2. Criticize the action, not the child. "I don't like the way you are acting" is different from "You're a bad boy."

3. Don't do for a child what he can do for himself. Train him to be responsible and independent. For example, don't tie his shoes if he can do it himself. (This often involved the parent examining his own needs for dependency.)

4. Allow for the use of logical consequences. For example, if a child forgets his lunch money, he does without lunch. If he misses the school bus, he walks to school.

5. Solicit cooperation. Anytime we "order" a child to do something, or try to make him do it, we invite a power struggle. It's far better, says Dreikurs, in a democratic society to voluntarily cooperate as a family unit.

6. Make use of regular family council meetings. Here each member has the right to bring up a problem and each member has the right to be heard. The majority opinion is upheld.

In summary, for Adlerians, a child is goal directed, is creative, wants to be useful, wants to cooperate, and desires to belong. But through discouragement may become lazy, bashful, fearful, antagonistic or vicious...the list is endless.

Behavior Modification

Behavior modification is described as an experimental analysis of behavior. It is "an advanced rigorous science, not a theory." It is called a "technology," of systematic approach. The behavioral scientist primarily looks at three things: (1) the setting in which the behavior occurs, (2) the observable behavior, and (3) the consequences of the behavior. Then, based on these observations, a plan is drawn up for manipulating the environment in order to produce desired change. The behaviorist would be quick to tell you that he does not deal with feelings, egos or ids! These are not observable, and any behavioral definition must be operational, not a hypothetical construct. Let's look at some specific differences between behavior modification and Adlerian Psychology.

1. In the area of consequences, Adlerians would say that natural or logical consequences are best. The behaviorist would say that although natural consequences, as reinforcers, are a goal, the use of contrived, manipulative reinforcers such as food, tokens, points, etc., would be appropriate interim methods. For example, for passing a safety test a child is permitted to ride his bike to school. This is a logical consequence. Whereas, if he were paid $5.00 for passing the test, this would be a reward, or illogical consequence. Dreikurs would argue that rewards do not give a sense of belonging. "Why should children be paid to do chores?" "They live in the house, eat the food, are provided with clean clothes and share the benefits," he says.

2. Regarding punishment, there is general agreement between Adlerians and behaviorists. Dreikurs, believing that spanking is an insult to dignity, says:

> Here is the end result of punishment..."If they punish me, I shall punish them. If they punish me, I'll punish back. I'll show them."

Skinner says:

> Punished behavior is likely to reappear after the punitive contingencies are withdrawn.

However, it should be stated that not all behaviorists agree about spanking as ineffective. Wesley Becker, for example, says that spanking can be an effective means of controlling behavior.

3. What about behavior as self-determined and purposeful? Regarding self-determinism Dreikurs says:

> We have to realize that man is not the victim of his past experience. Man decides for himself his goals. He is self-determined.

Alfred Adler put it another way:

> Do not forget the most important fact that not heredity and not environment are determining factors. Both are giving only the frame and the influence which are answered by the individual in regard to his styled creative power.

On the other hand, Skinner says:

> Autonomous man (inner man) is a device used to explain what we cannot explain in any other way. His existence depends upon our ignorance, and he naturally loses status as we come to know more about behavior.... Beliefs, preferences, perceptions, needs, purposes and opinions are possessions of autonomous man which are said to change when we change minds. What is changed in each case is the probability of action.

Here we see a rather great difference of opinion. The Adlerian sees man as having free, purposeful, goal-directed behavior whereas the behaviorist states that behavior is not planned or goal-directed but is the result of environmental stimulation. Neither is it free. Skinner states:

> We don't recognize the fact that we are also controlled when we do what we want to do, when we feel free....The hypothesis that man is not free is essential to the application of scientific method to the study of human behavior.

He goes on to say:

> The free inner man who is held responsible for his behavior is only a pre-scientific substitute for the kinds of causes which are discovered in the course of scientific investigation. All these alternative causes lie outside the individual.

Parent Effectiveness Training

Parent Effectiveness Training by Dr. Thomas Gordon seems to be a highly personal method of interaction between parent and child. Little is said of society, environment, or psychological descriptions of personality differences, but rather the main emphasis appears to be on the "how" of interacting. Briefly, here are some of the important suggestions taken from the book:

1. Learn to use "active listening." Phrases such as "Tell me more," or "I'd be interested in your point of view" are encouraged. Feedback of "how you heard it" is important. For example, "I see that you're upset about your grades." Active listening facilitates problem solving by the child. It recognizes the problem as "belonging" to the child, not the parent. It is warm, accepting, trusting and non-judgmental. Actually, according to Dr. Gordon, the child has the best solution to any problem and really doesn't need parents' advice. All he needs is a chance to work through that problem by means of your active listening. Here are the typical 12 wrong ways to react when your child has a problem:

   (1) Ordering, directing, commanding - "Don't talk to your mother like that."
   (2) Warning, admonishing, threatening - "You'd better not do that if you know what's good for you."

(3) Exhorting, moralizing, preaching - "You should always respect your elders."
(4) Advising, giving solutions or suggestions - "I suggest you talk to your teacher about this."
(5) Lecturing, teaching, giving logical arguments - "Let's look at the facts about High School graduates."
(6) Judging, criticizing, disagreeing, blaming - "I couldn't disagree with you more."
(7) Praising, agreeing - "I think you're right."
(8) Name calling, ridiculing, shaming - "You're acting like a baby."
(9) Interpreting, analyzing, diagnosing - "You're saying that to bug me."
(10) Reassuring, sympathizing, consoling, supporting - "Don't worry - things will work out."
(11) Probing, questioning, interrogating - "When did you start feeling this way?"
(12) Withdrawing, distracting, humoring, diverting - "Come on, let's talk about something more pleasant."

2. Now, if the problem belongs to you, then what do you do? For example, you're not satisfied with the condition of your son's room. Then you send strong "I" messages. "I" messages are "transparently real," according to Gordon. "I sure get discouraged when I see your room in such a mess!" (not: "You're nothing but lazy and irresponsible.") Teaching, instructing, or using authority is not a proper approach, he says. An "I" message consists of 3 parts: a nonblameful description of the child's unacceptable behavior, a statement of how that behavior made the parent feel, and the tangible effect of the behavior on the parent.

3. Humanness as a characteristic is stressed. This means:

(1) Parents can and will be inconsistent.
(2) Parents don't need a "united" front, as this may not represent "true" feeling.
(3) It is not possible to accept a child and not his behavior.

4. The authoritarian role is not acceptable. According to Gordon, this does not develop responsibility in a child but leads to resentment. This type of power struggle only leads to "I win, you lose" which is undesirable.

> The stubborn persistence of the idea that parents must and should use authority in dealing with children has, in my opinion, prevented for centuries any significant change or improvement in the way children are raised and treated by adults.

5. The use of rewards and punishments is seen as ineffective and dangerous. This use of "power" only leads to children becoming "cowed, fearful and nervous... with hostility and vengeance." In addition, as the child gets older, the parent "runs out of power." A list of coping mechanisms used by children in reaction to parents' power includes:

(1) Resentment, anger, hostility
(2) Aggression, retaliation, striking back
(3) Resistance, defiance, rebellion, negativism
(4) Lying, hiding feelings

(5) Blaming others, tattling, cheating
(6) Dominating, bossing, bullying
(7) Needing to win, hating to lose
(8) Forming alliances, organizing against parents
(9) Submission, obedience, compliance
(10) Apple polishing, courting favor
(11) Conformity, lack of creativity, fear of trying something new
(12) Withdrawing, escaping, fantasizing, regression.

The following quote regarding the use of behavior modification is particularly worth noting:

> Most parents have bought this advice unquestioningly, with the result that a large percentage of children in America are daily manipulated by their parents through commendation, special privileges, awards, candy, ice cream, and the like. It is no wonder that this generation of "brownie point" children is so oriented to winning, looking good, coming out on top, and above all, avoiding losing.

6. How then are problems solved? By the "no lose" method which is a "no power" mutual agreement of problem solutions. This implies that parents are not wiser than their children, that respect is mutual, and that moral values can't be taught. This process is similar to the family council suggested by Dreikurs and it involves total sharing and responsibility in problem solving.

"EW "ESTMINSTER COUNSELLING CENTRE

"O" TO "AKE AND USE A SOCIOG"A"

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If you asked a teacher, "'ho are the leaders in your class? "ho are the children who are not accepted by other children? "hich children are friends?" she probably would have a ready answer. Unfortunately, she might be wrong. She is likely to assume that good students, at ease in adult groups, are also popular with their peers. She may underestimate the acceptance of the quiet child and overestimate that of the noisy, backslapping, extroverted youngster. She is especially prone to misjudge the attractiveness to others of the poor student.

"hen we falsely appraise the social climate in a classroom, we cannot work as effectively with pupil groups. Sociometric methods of measuring social relationships can be helpful in providing teachers with objective information about pupil-pupil relationships. "any teachers make sociograms, charts depicting inter-relations within a group, to guide them in their analyses of pupil interaction.

"O" TO COLLECT YOUR DATA FOR A SOCIOG"A

The first step in making a sociogram is to choose a question to ask your class. For example, "'ith whom would you like to work on a committee?" "hom would you like to sit next to in class?" For best results, you choose a question that the youngsters will answer willingly because you have told them that you shall use the answers to set up committees or seating arrangements. Thus you are morally committed to carry out whatever you promised and to give pupils their choices as much as you can. You would explain, of course, that everybody cannot have his first choice. Sometimes teachers ask a second question such as "On what committee would you like to work?" Then they list the committees. By determining interest groups as well as persons with whom children would like to associate, they attain greater flexibility in assigning pupils to groups.

Teachers who have exceptionally good rapport with children sometimes ask more personal questions and promise no greater reward than a simple "'y knowing this will help me in working with you." They might ask "'ho are your best friends? or Suppose that you had to change to another classroom. 'hat boys and girls from this room would you like to have change with you?" The chief disadvantage of questions such as these is that they may be resented by pupils.

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After choosing a question, a teacher casually explains to her class that she wants each child to write his name on the upper right-hand corner of a card.* She explains the question, promising to use the results for a specific purpose and assuring the pupils that the results will be kept confidential. The children answer by listing the names of three to six children in order of preference. The teacher may also ask the pupils to draw a line and list any children with whom they do not want to be placed, but she would not insist that they name these.

A child's card might look like the following:

John Jones

1. Dave
2. Ann
3. Fred
4. Ruth
5. Si
6. No choice

Chosen by:
Anne - 2
Dave - 4
Ed - 6
Joe - 3

---

1. Ann Duval

Underlining of names by teacher would mean that Dave and Ann chose John, too. The teacher may also want to write on the back of the card or to the right, the names of pupils who chose John.

Incidentally, preliminary to questioning in elementary school classes, teachers should write the names of all members of the class on the blackboard because a child may be unchosen when someone does not know how to spell his name or when a young child forgets children who happen to be absent. Sometimes kindergarten and first grade teachers work out a sociogram based on oral questions and children's replies.

HOW TO COLLATE THE NAMES

The simplest way to assemble the information you have collected is illustrated on the next page. You read the chart in this way: Ann chose Ida as first choice, John as second, Joy as third, etc. A circle around a name indicates that the chooser does NOT wish to associate with the other pupil.

* Such questioning is called sociometric testing, but teachers should avoid using the word "test" in a class situation.

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QUESTION: With whom would you like to sit on the bus when we visit the dairy?

Ann			5			4			1		2	3			6	
Al						3	1		2			4		5		6
Carl		4			1		2		3				6			5
Dave			6	2			1		3		4				5	
Ed			3		2		1				6			5		4
Fred			2		1			4	3				5			6
Gay		6	5			4			3			1				2
Ida		1		4	5			2				3			6	
Joe		5		2		4	1		1		3					6
John		2			1		3							4		5
Joy			5				2	1	4						3	
May		3					5		2			1		6		4
Ruth			2			5	4					6	1			3
Sara		6		5	4		3		1			2				
Si		1		3			2	6			1		4	5		
1st Choice		1	0	0	3	0	3	1	3	0	1	2	1	0	0	0
2nd Choice		1	2	2	1	0	3	1	2	0	1	1	0	0	0	1
3rd Choice		1	1	1	0	1	2	0	4	0	1	2	0	0	1	1
Total		3	3	3	4	1	8	2	9	0	3	5	1	0	1	2
4th Choice		1	0	1	1	3	1	1	1	0	1	1	1	1	0	2
5th Choice		1	3	1	1	1	1	0	0	0	0	0	1	3	1	2
6th Choice		2	1	0	0	0	0	1	0	0	1	1	1	1	2	3
Grand Total		7	7	5	6	5	10	4	10	0	5	7	4	5	4	9

Choices of fifteen third Graders.

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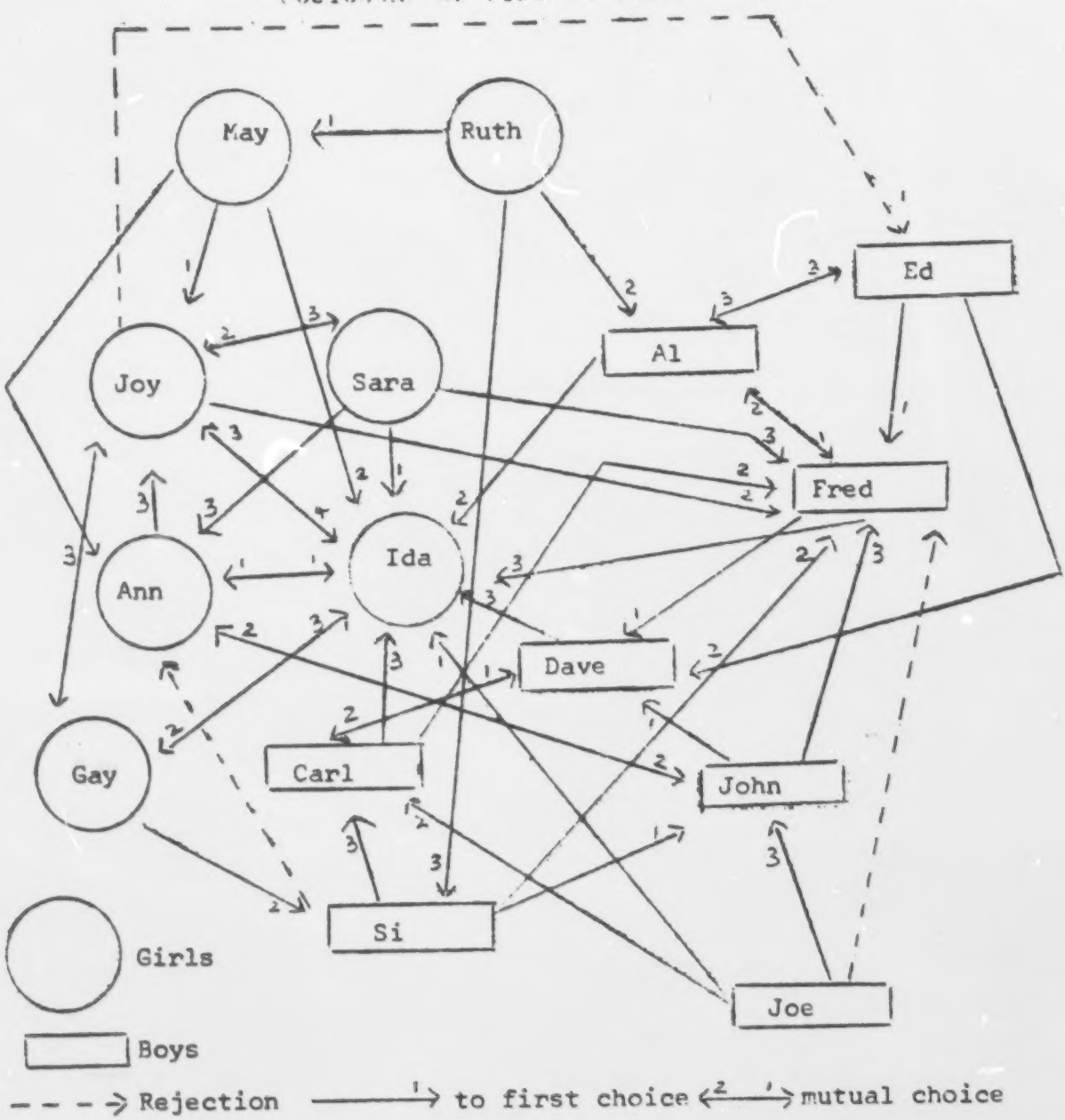
DRAWING THE SOCIOGRAM

The sociogram may be drawn with only three choices because it is difficult to follow six lines. The number of the choice is written near the arrowhead pointing to the person who was 1st, 2nd or 3rd choice, or the lines for differing choices may be drawn in different colors. Start by placing the most chosen, "the stars," in the center of the page; put isolates or near-isolates, least chosen children, near the edge; put mutual choices near one another.

SOCIOGRAM OF FIFTEEN THIRD GRADERS



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INTERPRETING THE SOCIOGRAM

An often asked question of interpretation is whether the results would be the same if a different question were asked. Contrary to expectations, research studies indicate a high degree of correlation in childrens' choices in a classroom situation irrespective of the question asked. However, because peer relationships, especially among younger children, change, the same choices cannot be expected over a period of time. Consequently, a new sociogram should be made at regular intervals - probably every three or four months. If a teacher has worked to improve peer relationships, certainly she would want to re-test in order to evaluate her efforts.

The forced-choice technique has disadvantages that relate to interpretation in that a teacher can only guess at the intensity of the relationships. Referring to the sociogram on the preceding page, Fred and Dave may be inseparable friends both in school and out of school, but Si may run with a different crowd outside of school and chose John first merely because he had to choose someone. Likewise, the second choices of two close friends may be of little significance to the choosers. The teacher should remember, too, that the questions asked usually call for the children to tell who they would <u>like</u> to associate with, not who they do.

Furthermore, a sociogram does not adequately show an individual's influence in the group unless a teacher takes into consideration relative status of individuals. Perhaps two children received two choices each, but were the persons who chose them nonentities or influential people in their group?

Obviously, the sociogram points to certain conditions, but it does not explain the causes or reveal the values that determined the childrens' choices. Therefore, teacher analysis observations, and judgment enter into interpretations of results.

Occasionally teachers may arrive at unwarranted conclusions. A logical but sometimes erroneous assumption is that the "stars" are exceptionally well-adjusted children. Usually they are, but children may also be popular because their own insecurities make them ingratiating personalities. Other assumptions are that "stars" are liked by their classmates and that isolates or near-isolates are not liked by others. Asking for six choices, rather than the more common three-choice practice, helps to obviate such errors. In the illustrative chart and sociogram, Ed, Ruth, May and

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Sara do not seem to be as lacking in friends, nor do Fred and Ida appear as exceptionally popular, when the six choices in the chart are considered. On the other hand, Joe is obviously in need of help in his peer relationships.

Despite the short-comings of this technique, a teacher can glean much information that is of value. She can identify the group's leaders, who may help her in group control and motivation. She can detect rising leaders, whose potentialities she should develop. She might find that her "problem pupils" like the gentle, able children, which is a helpful clue in working with them. She becomes aware of isolates who may need special counseling and assistance in becoming accepted by others. She is able to spot cliques. On rare occasions, she may find a little dictator with lieutenants and followers - the gang structure.

From a sociogram, a teacher also can make estimates of the general cohesiveness of her group. A rough measure is the number of mutual choices, triangles, and connecting lines forming a well integrated network. When the leaders do not like each other, the tie-up is simply attraction to "stars", mutual choices and triangles are separate social structures, and many children are isolates or near-isolates, the group lacks cohesiveness. A primary teacher should realize, however, that little children make few mutual choices and that she may expect to find many isolates. In the upper elementary grades, the number of intersex and interracial choices will decline. Adolescent choices tend to follow socio-economic status lines and in some situations, intersex choices may not be expressed as often as the choosers would like to do so.

GROUPING CHILDREN FOR WORK

Some years ago, teachers deliberately separated friends in school situations. Today we recognize that all learning takes place within the setting of pupil-pupil relationships and that a pupil's social and academic growth is affected by his position in the group. We know that children need the approval of their fellows; that they profit by exchanging ideas and helping each other; and that they benefit from developing social skills. Consequently, teachers seek to promote harmonious relationships among pupils and to help each child achieve a degree of social acceptance. Therefore, we try to place pupils in groups where they will be accepted and liked.

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A few general principles may be of help in forming groups:

1. If a child receives no choices, or choices only from children other than the ones he chose, give this child his first choice. HONOR THE WISHES of these children first.

2. Divide up the unchosen in such a way that there are not more than one or two in each group. Children who are rejected do NOT mix well with children who are rejected, so combining isolates to form a group does not solve the problem.

3. Give a child in a pair relationship, his highest reciprocated choice: his first choice if returned; if not, his second choice if returned.

4. Make sure that each child is placed with atleast one of his choices.

5. Vary the size of the committee according to the sophistication of the class in group work. If group work is new to them or if the children are young, make the groups smaller. The number of personal interactions increases as the size of the group increases. (A formula for figuring the number of interactions is $x=\frac{y^2 - y}{2}$. x is the number of personal interrelations; y is the number of persons. Thus, with the addition of each new member to a group, the number of inter-relationships increases as follows:

   No. of persons.....2,3,4,5,6,7,8

   No. of personal relationships.....1,3,6,10,15,21,28

6. In forming a committee, vary individuals in respect to home backgrounds, sex, and ability. When clique relationships seem to be unhealthy, detach members from the clique in forming a committee. In such cases, two clique members, two children from "across the tracks," or two girls added to another group is preferred to isolating a single clique member, lower class child, or girl in a group of different composition.

On a basis of these principles, we might then set up committees of our fifteen third graders as follows.

DO NOT COPY THIS PAGE

Committee 1: Joe, Ida, Carl, Ann

Committee 2: Ruth, Al, Ed, May

Committee 3: Fred, Si, John, Dave

Committee 4: Joy, Gay, Sara

In the above groups, Joe's wishes were considered first. Of course, Ida, Carl and Ann knew that they did not choose Joe, but they also would guess that he chose them which might favorably dispose them toward him. Spreading the boys and girls was impossible on two committees because of the size of the group. Each child was given at least one of his choices. The groups were kept small because of the immaturity of the children. The sociogram tells nothing about socioeconomic background, ability level, or temperamental characteristics of children, but presumably a teacher would have these data from other sources and considered these factors in making assignments.

CONCLUSION

It is obvious from this description that making sociograms is time consuming and that sociograms may be difficult to interpret. Because they are not foolproof, teachers should be very cautious in discussing children's choices with parents. They should regard a sociogram as one way, and not the only way, to study childrens' group relationships and as a guide to better placement of children in work groups.

Additional readings:

Jennings, Helen Hall, Sociometry in Group Relations, A Work Guide for Teachers, American Council on Education, Washington D.C. 1948

Horace Mann-Lincoln Institute of School Experimentation, How to Construct a Sociogram, Bureau of Publications, Teachers College, Columbia University, New York, 1947

Northway, Mary L, A Primer of Sociometry, University of Toronto Press, Toronto, Canada, 1953.

GRACE GRAHAM

STUDENT DEVELOPMENT PROJECT

Termination Procedures

(a) Dates of Termination
Last day of intervention - March 14, 1978
Classroom Behavior Observation - March 21, 1978

(b) Teacher Administration of Scales
Week of March 13
- Walker Problem Behavior Checklist
- Perceived Self Concept Scale

(c) Classroom Scales to be Administered by Teachers
Week of March 13
- Der-Friesen Scale

(d) Piers Harris Self Concept Scale
(to be announced)

(e) Referral Procedures
1. Pass file of materials (tests) to school counsellor.
2. Discuss your observations with school counsellor and principal or vice-principal.
3. Make sure file is complete in Counselling Centre.
4. Let student know:
   - You have enjoyed spending several months working with him
   - You have benefited personally from the encounter
   - Ask student what benefits he has derived (note this for the record after the session)
   - Let student know there is a resident counsellor in the school
   - Ask if student would like to continue seeing a counsellor
   - If so, ask student if you can mention this to the resident counsellor
   - If so, discuss this with the school counsellor.

(f) Termination Procedures at the School
1. Let the principal and teachers know at least three weeks in advance of your termination dates.
2. Explain carefully to the teachers the importance of accurate results on:
   - Walker Problem Behavior Checklist
   - Perceived Self Concept
   - Der-Friesen Scale
     (ask them to administer Der-Friesen Scale to class on appropriate date).
3. Indicate to teacher that an observer will be visiting the classroom on Tuesday, March 21, to observe the behavior of the targeted child.
4. Let the teachers and principal know how very much we have appreciated their co-operation.
5. Let the principal and teachers know that the results of the study will become available in September, 1978.

6. Collect the completed
   - Walker Problem Checklist
   - Perceived Self Concept
   - Der-Friesen Scales

   from teacher prior to March 21, 1978.
7. Score and analyze the data for your clients on the completed scales.
8. Submit data to your supervisor.
9. Have a good summer holiday.

Phases in Counseling

Each single interview tends to develop a structure that has certain common elements, and within each interview series additional common elements tend to occur. The initiating of a counseling relationship, the structuring or clarification of the process that occurs in early phases of counseling, the closing of a single interview or a total relationship, and the orientation around listening that may develop into focusing, may be viewed as phases in counseling. The more the counselor treats these phases as predictable, the more he will tend to bring them about - often to the detriment of the counseling relationship. On the other hand, an appreciation for the process and its phases may help the counselor meet differing demands more adequately and help him understand the relationship.

Initiating Counseling

It used to be that attention was devoted in the first moments of counseling to the "building of rapport," until Wall[7] called rapport an outmoded concept, criticizing the illusion that it was a doorway through which the counselor and counselee must pass.

In the name of rapport a period of small talk was indulged in and the concern of moment was deferred until an atmosphere of friendliness characterized the situation. This concept may be criticized on three bases: (1) the artificiality of rapport-constructing procedures, (2) the unnecessary delay in getting to the concern of the child, and (3) the treatment of the relationship as any other relationship in which certain rituals must be observed.

The precise way of initiating counseling cannot be prescribed, yet certain guidelines may be of assistance. Attention can be given directly to the purpose of the child's self-referral:

"I'm wondering what brought you here to see me."
"I'd like to know how I might help you."

Attention can be given to the immediate response of the counselee - then to the topic of the counselee's choice.

"You seem a bit worried and tense."
"I see that you're curious about my office and some of the books and pictures."

Attention can be given to the need of the referred child to understand why he is being seen by the counselor.

"I called you in because Miss Thomas is a bit worried about you - you suddenly seem so sad."

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[7] Bartholomew D. Wall, "Rapport: an outmoded concept," Mental Hygiene, 3:340-342 (1958).

"Mr. Jackson wanted me to see you because you don't seem to be studying. He thought our getting together might help you; but I'd like this time to be especially ours rather than his. So I guess I'd like to know if that is something you'd like to talk about with me."

"You checked on this questionnaire where it says: 'I'd like to talk with someone about my interests, concerns, or problems.' I thought I'd call you in to give you a chance to talk about this."

Basically, honesty and directness are called for here as well as in other aspects of the relationship, including structuring.

Providing Structure

The counselor has an obligation to help the child understand his expectations of the counseling process and the activity he sees as appropriate for himself as counselor. Some of the most irrelevant remarks, the most demanding actions, and the most personal inquiries made by the child are related to his struggle to understand the process of counseling, the counselor's expectations of him, and the parameters of the situation. Often in disbelief of the freedom of the situation the child asks in many subtle ways whether the freedom is truly available.

Brammer and Shostrom[8] point out tnat structuring, in actuality, is a continuous process, but that "formal structuring" may necessarily come early with some counselees and may need clarification at later points in the relationship.

In structuring the situation the counselor has an excellent opportunity to convey or reaffirm his concept of his role. He should view his discussion of structure as a kind of contract, which should be altered only after careful consideration and with the accord of the counselee. Here are some examples of structuring:

(1) This is a situation which you can use as you may wish. We can use the time to get to know one another or you may talk about any interest, concern, or problem that you wish.

(2) What I'd like to do here is have us talk together - perhaps to help you to pick out something you do that bothers you, some benavior you think you'd like to change, and see if we can help you to make a change that suits you.

(3) (Reponse to a nonverbal request for structure) Right now you seem to me to be asking me what I expect of you. You don't want to waste our time together, but you're not sure how to take advantage of it. (Yeah!) I guess what I'd like you to do is just go on talking like you have been about some of these worries you seem to have - to see if there's something you want to do about them.

(4) (Changing the structure) We've been talking for a long time about you and your brother, and though it worries you that you don't get along, you don't seem to be doing anything about it. I'm wondering if you'd like to change

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[8] L. M. Brammer and E. L. Shostrom, Therapeutic Psychology (Englewood Cliffs, N.J.: Prentice-Hall, 1968), p. 211.

gears. Instead of our just talking about whatever you want, I'm wondering if you think it's important that we do some planning to help with that.

(5) (Changing the structure) We've been going on here planning how you are going to try to get your homework done so that you'll do better in school. But I'm getting the feeling that we're talking about that because you think that's what I want. I'm wondering if it wouldn't be better for us to stop planning so busily and just talk about whatever you want - whatever you are thinking about or worrying about.

The variations on such themes are almost innumerable, depending somewhat on the orientation of the counselor. Selected brief comments setting forth the counselor's expectations for his own behavior can do much to enhance the relationship by making its possibilities clearer to the counselee. Especially if the relationship is unique and different from that previously experienced by the child, there may be some need for periodic clarification of the structure.

Closing an Interview or Relationship

Many children are perfectly capable of deciding when a counseling interview or relationship may come to a close, while others need to have the topic raised by the counselor. In managing the closing, the counselor should strive for brevity and straightforwardness. On the other hand, enough development should occur so that the child, forgetting the words spoken, has in retrospect a feeling that the counselor has accepted him and views him as worthy of his time and attention.

Closing An Interview. A child's need to feel that closing implies no rejection is often met if he can anticipate the end of the interview. Since his sense of timing may be inadequate to provide this anticipation, a comment by the counselor is often helpful:

"We have about five minutes left now. As you were saying. . ."
(Then:) "Our time is up for today. I think we've gotten started on some things you may want to talk about more, so if you like I can see you on Thursday at this same time. Perhaps we can talk more at that time about the problem you've raised about fighting."
(Or:) "It seems like we've hardly begun and it's time for you to go to music. I'd really like to talk with you again if you think you would like to come back."

Like other aspects of an interview, the matter of closing is a matter of maintaining or developing a relationship rather than solely a matter of technique. This is also true of terminating the process of counseling.

Terminating A Counseling Relationship. Below, three samples of closing comments illustrate counselee closing, counselor closing when the process seems to have been completed, and counselor closing when little progress seems to be occurring. Each leaves the door open to further contact to be initiated by the child.

(1) Tim: I guess I don't need to come to see you anymore.
Counselor: Things are OK now and you don't need for us to talk anymore.
Tim: Yeah. I'll put a note in your mailbox if I need to talk. But I guess it's time for other kids to have a turn.

(2) Counselor: It seem to me we're kind of through here. You wanted to make friends with some of the kids in your class, and now you seem to have done it.

Alice: Yes. That's right.

Counselor: I'm wondering if you think we need to continue to keep our regular time on Thursdays or if you think you can handle things from here.

Alice: Oh, I can handle things now.

Counselor: But if anytime you need to talk, you know, you can put a note in my mailbox. And if you want to let me know how things are going anytime, I'd be interested to know.

(3) Counselor: It kinda seems like you came to see me out of curiosity and now we don't seem to be getting anywhere.

Frank: That's right. Nowhere.

Counselor: Maybe what we ought to do is stop meeting on a regular schedule like this and, if later you had something you wanted to talk about, you could put a note in my mailbox and I'd really be glad to talk with you about it.

Frank: Yeah. Let's do that. Sometime I may need help.

Counselor: Right now you don't need any, but you might later.

Frank: That's right.

Children's Terminal Comments. Adults and adolescents are more sophisticated than children in handling those awkward moments when they can't think of anything to say. Apparently counselors find it easier to cope with, "I can't think of any more to say," than the child's, "That's all." The counselor who thinks of such a comment as clearly terminal may be closing an interview because of a brief momentary lapse in the discussion that the child caps with a comment that the counselor misreads.

Sometimes, of course, children are interested in terminating an interview when they make such statements. The counselor may, however, find it useful first to reflect a temporary void: "You've finished with that topic and you're not sure what to talk about just now." After a brief pause the child may continue discussion on either the same or a new topic. If, however, he actually wishes to terminate, he is likely to be capable of handling this. Many a child in such a situation has given further nonverbal clues or has made comments like the following:

Well, it's time for music.
Our class is supposed to see a movie now about. . .
Can I go back to class?
Was there anything more?
Do we get together next Wednesday?

The point here is that terminal comments by children should neither be leaped upon as a way to help a child out the door, nor be ignored.

Listening and Focusing Phases

Deep listening is crucial in all phases of counseling, but especially so in the earliest contacts. Inexperienced counselors too often zero in on the first stated concerns of the counselee, either to plan behavior change, to explore the affective components, or to examine the history behind it. While the matter first mentioned may be the one of greatest consequence, often it is

a tentative feeler by the child, who is seeking to examine the situation: Are you interested in me? Will you take time with me? You don't really care about my troubles, do you?

Counselor behavior that zeroes in on the first mentioned concern may be taken to mean that the counselor wants to rush through to apply the right balm, then stand up and ask for the next customer because of the long waiting line. This is hardly conducive to development of a relationship that will deal with the child's more crucial concerns.

Thus, the counselee needs to experience deep reflective listening especially as he first encounters the counselor.

At a later time, specific to the counseling relationship, there is need for focus and often for planning. When Tammy has returned a few times, after miscellaneous excursions into other areas, to the competitive relationship she has with her older sister, perhaps it is time to focus:

Tammy, you seem to be telling me that if your relationship with Julie didn't bother you so much, that lots of other worries might go away. (Pause. Nod.) I wonder if it would be a good idea to work on that - on talking and planning, if we can, so that you can feel better about this.

The matter of focus may be contracted, as with Tammy, or it may just emerge with the full agreement of the counselor. The point is that focus often is required before a particular child may be helped - and the topic may often come to light through deep listening on the part of the counselor. The level of emotionality surrounding a given topic, or the frequency with which the topic emerges, may help the counselor ascertain whether or not it should be the focus of counseling.

Alertness to the phases of counseling is important to both the counselor and the child. The special needs in initiating counseling, in providing structure, in closing an interview or interview series, and in the listening and focusing phases of counseling require the counselor's attention.

Another way to look at the process of counseling is to examine counselor responses.

Understanding Responses

Understanding responses are those that <u>intend</u> to convey understanding. They answer the question: When I want to tell Alex that I hear him, I'm with him, I know what he is saying, what are my options?

Nonverbal Responses

When comfort characterizes a relationship, whether that of counseling or not, silence may do as much to convey understanding as any other response available. A nod, a smile, or some other facial expression consistent with the atmosphere of the moment, a movement in one's chair, a gentle touch in a moment of anguish are all ways in which human beings communicate understanding to one another. Often the nonverbal avenue is most adequate, most convincing, and most genuine.

Verbal Responses

Among the verbal responses used primarily to convey understanding are simple acceptance, reflection, summarization, and clarification.

Simple Acceptance. Yes. I see. Mmhm. These are examples of acceptance responses, saying in effect: I understand you. It's safe. Go on.

Reflection. As Brammer and Shostrom put it, reflection is "the attempt by the counselor to express in fresh words the essential attitudes (not so much the content) expressed by the client."[9] The "mirroring" that is characteristic of reflection gives the child a chance to evaluate his own attitudes and to examine the accuracy with which he is conveying his feelings and his conceptions. This response pattern has another advantage in being readily available to the counselor; that is, of the many thoughts that enter his mind as he hears a statement, one that occurs with great frequency is a kind of reiteration of what he is being told. Further, skillful and nonrepetitious reflection clearly conveys to the child the degree to which he is understood. Several examples of reflection follow.

(1) Betsy: If she'd just leave me alone instead of bothering me all the time!
Counselor: Things would be a lot better if she just wouldn't bother you so much.

(2) Kent: My mother just thinks I ought to be studying all the time I'm home, and my dad wants me outside. He tells her he doesn't want me to be a sissy.
Counselor: So she pulls one way and he pulls another and you are in the middle.

(3) Sue: I just don't think I can do things. Sometimes I try and they work out, but I don't expect them to.
Counselor: Sometimes you're surprised, but mostly you don't feel you can do things.

(4) Eddie: Just when I think she trusts me something goes wrong and she treats me like a baby again.
Counselor: Something happens and there you are - a baby again - and it bothers you.

Because of its relevance and because of its ready occurrence in the thoughts of many counselors, skillful reflection appears to be one of the most useful and valuable response patterns for conveying understanding. Its incorporation into a counselor's repertoire to the point where it "fits" and feels comfortable and genuine may often mean a great deal in the development of effective counseling relationships.

Clarification. When the child makes statements that are unclear in meaning or feeling, clarification is an available verbal response through which the counselor conveys his tentative understanding, thereby inviting further exploration.

(1) Thad: So I work and don't get much done, but then she fusses and that's OK because I deserve it.

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[9] Ibid., p. 195.

Counselor: You seem to be telling me that it's OK with you when she fusses if your work isn't done, but you wish she didn't or didn't have to.

(2) Sally: They always want to know what we're talking about when we whisper about them, but we just don't tell them.
Counselor: It seems like you kinda want them to ask, but it annoys you a bit, too.

Summarization. The understanding response that may be used to tie together a number of details or a whole series of statements by the child is called summarization.

(1) Mark: This is how it happens. I just want to use one of his things or see a book of his for a minute and he just yells and fusses until Mom comes and she always asks him what's wrong and screams at me until I could just . . . just . . . smash him. But if I fuss at him she tells me I'm older and I should let him use my things and . . . boy, it's just not fair!
Counselor: He can get away with things that you can't and it just doesn't seem fair to you even if you are older.

(2) Counselor: You've just been telling me how your dad blamed you for losing some of his tools, earlier you were telling that you mother thought you lost some of her old spoons and pans, and then you also mentioned your sister thought you had her scissors and art paper. Seems like you get blamed for lots of things.

(3) Counselor: So much has happened that you don't understand and it kind of feels like - well - why is this all happening to me!

Understanding responses come in many forms, both verbal and nonverbal. Since the child's basic concern about counseling may be that he be understood, the elementary school counselor would do well to incorporate understanding responses into his counseling repertoire.

Affective Responses

Cognitive statements are of great consequence in counseling. Often, however, until a child has examined the feeling behind his statements he may find it difficult to determine an appropriate objective; that is, he may be unaware of how important it is for him to develop new responses. While often the child knows the course he might best take, he may not understand the feelings that cause him difficulty in changing his behavior. Thus, examination of feelings is as important as the discussion of behavior.

Children often lack the verbal skills to describe their feelings. Many counselors therefore omit the affective orientation to counseling and concentrate upon cognitive matters. Instead, however, the counselor should help the child to examine his feelings and to develop the vocabulary needed for more adequate affective expression.

The relationship generally is least aided by counselor comments that are argumentative and that imply rejection of the child's negative feelings - hate, anger, and so on. "Oh, you don't really mean that," no matter how it is stated, often leads the child to catalogue his reasons at great length. He wants to prove to us that he <u>is</u> right. On the other hand, acceptance of his feelings:

"He really makes you so angry," allows him to hear the intensity of his emotion reflected; he may then reconsider the rashness of his statement. His other alternatives, when his intense emotions are argued, are to reject the counselor or to reconsider his feelings quickly and line them up with counselor expectancies. Neither of these alternatives results in genuine communication.

Ambivalence often characterizes a child's attitudes toward the behavior he wishes to change. The counselor who can help the child to examine his feelings and his ambivalences, and to extract his feeling tone from his cognitive statements, is dealing in an area that often desperately needs consideration and that outside of counseling is seldom discussed. Several examples follow:

(1) Ginger: I plan to just really take hold this six weeks and start studying, but it'll be hard.
Counselor: Even though it'll be hard it's something you want to do. Even though you're afraid some of your girlfriends may make fun of you, you want to try.
Ginger: Well, I guess I did say that, too, and I don't know if I can do it when they'll laugh.
Counselor: You're not sure if you're strong enough or if it means enough if they laugh.

(2) Warren: At recess today I was only fifth in the race of all the boys in my room.
Counselor: You don't seem pleased with that.
Warren: Yeah, but last year I was fatter and slower and I always finished one of the last.
Counselor: So you really are pleased with the change.

(3) Cathy: If I start helping with the dishes and things, Mom will be glad about that.
Counselor: Mom will be glad, but I don't get the feeling that you'll be so happy.
Cathy: No, the other kids don't help, and besides Mom just fusses like I don't do it right.
Counselor: So you wonder what the point is if she doesn't tell you she's pleased.
Cathy: Yeah, but I want to do something so she doesn't only fuss.
Counselor: You want her to appreciate you - to like what you do - but it seems hard to find the way.

Helping a child to understand and cope with his feelings as well as his logical thought patterns is a distinguishing feature of effective counseling. Since affective responses may not have been habitually available to the counselor before his training, it behooves him to enhance his attentiveness to affect and to enlarge his response repertoire so that he can help the child deal meaningfully with his feelings.

Process and Confrontative Responses

Counselor statements that examine the counseling process or are confrontative often reach into the interpretive realm. Process responses examine the interaction between the counselor and counselee; the counselor figuratively steps back to ask questions, such as: "What is Tommy trying to accomplish? What concept of himself is he trying to project?" When the answers are verbalized, a combination of process and confrontative responses may result.

Tommy was considered a model child - for good reason, since that was his objective. When the counselor found himself tuning Tommy out as he described at great length the family's sacrifices for Dad's new business venture, the small cut in his allowance, the offer he had made to loan or give his Dad his savings of over $100, he began to take a long look at the process developing between Tommy and himself. It sounded like a well-rehearsed story, one that Tommy's mother might have told over the telephone many times, and one that Tommy himself had gained much mileage through telling.

The counselor remarked: "The most important thing to you, Tommy, is that I know and everyone knows how hard you try to show that you're a good boy." He thought the point had been entirely missed, but in the next interview Tommy interrupted a story he was telling, which seemed directed toward further demonstrating his goodness, by saying: "Sometimes it's not fun to be good."

From that moment Tommy and the counselor began to develop a more effective relationship, Tommy seemed to become more his own person, and eventually he began to demonstrate clear insight by paraphrasing a counselor comment: "There I go again, trying to tell you how good I am."

Some other examples of process responses by counselors are:

(1) Counselor: You seem to want me to get angry at you, maybe so then you can say, "He's just like everyone else."

(2) Counselor: I'm wondering why you're working so hard to convince me that you and your father do lots and lots of things together.

(3) Counselor: I seem to be trying to talk you into changing your behavior and I think I'd better stop. You have to decide whether you want to change things or not.

Confrontative responses are a type of process response in which the interaction is examined and challenge is thrown directly at the child. In certain selected situations this can be a most meaningful avenue of exploration. Some examples:

(1) Counselor: What are you going to do about that?

(2) Counselor: You <u>say</u> you want to work harder but I get the feeling you just want me to <u>hear</u> that.

(3) Counselor: You want her to like you, but you don't seem to want to see anything you can do about it. Maybe you really don't want her to like you.

Sometimes confrontative response can be used repeatedly with good effect, as in the following dialogue with Alice, who seemed thoroughly caught up in her need to figure out what others expected of her and then to do it.

Alice: Mom thought I ought to go to summer school rather than camp this summer so I'd improve in my English grade.
Counselor: She thought that would be important for you.
Alice: Well, and I thought so, too. I had a C+. Anybody knows you have to do better than that.
Counselor: C+ is just not good enough.

Alice: Camp wouldn't have been much fun anyway.
Counselor: You're trying to convince yourself that camp wouldn't have been much fun.
Alice: Yeah! I like doing all those things but I've got to learn to be a lady.
Counselor: Even now when you're ten years old you've got to worry about that.
(Dialogue continued in this vein for some time, as Alice continually deferred to the judgment of others.)
Counselor: Seems like its - uh- hard for you to do anything because you want to.
Alice: What do you mean?
Counselor: You're so busy worrying how others - your mom, dad, sister, and teacher - will react that you can't even think about what you really want. You don't even know.
Alice: Yeah. That's right. But what do they care what I want?
Counselor: Maybe the question is what do you care what you want?

In this dialogue and the one that followed, Alice was readily demonstrating her willingness to subjugate herself in all ways to the will of others. The process of confrontation, gentle and yet direct as it was, began to encourage her to think somewhat more for herself and to be her own person. Eventually she could say: "There's plenty of time for me to be a lady. I'm going to have fun now."

Process and confrontative thoughts can lead to extremely meaningful moments in counseling. Many counselors are willing only to imply such responses, and the child concludes, often correctly, that the counselor is afraid to deal directly with these thoughts. Often the fear is communicated more effectively than the inference, and at that point the issue is closed.

Direct, honest confrontation, screened through a concern as to whether the child is strong enough to deal with it, is often the best route to genuine communication. Oftentimes the elementary school counselor thoroughly screens out process and confrontative responses in order to avoid hurting the child. He should, instead, welcome and examine his thoughts along these lines and become comfortable in stating his responses; otherwise he may be avoiding helping the child.

The Use Of Questions

Since most counselors come from the ranks of teachers, there will doubtless always be counselors who are basically questioners (perhaps a potential source of difficulty in counselor recruitment from among teachers). This section will examine the heavy reliance on questions characteristic of many counselors. An effective teacher may be a skillful questioner; an effective counselor may seldom question. Certainly, however, the aspiring counselor can learn to rely somewhat upon noninterrogative responses.

The Most Advantageous Type of Question Is Open-Ended. In counseling, as in teaching, the open-ended question is the best. There will always be a place in counseling for questions such as the following:

(1) Since you want to get better grades, would you tell me what you've tried up until now?

(2) What are some ways that you can think of that might help this situation with your sister?

(3) You started to mention your fight with Larry: would you tell me about that?

(4) What does it feel like to you when you say you get "bugged" - could you tell me about that?

It can be argued that any of the above might be altered into statements. The point, however, is that some use of open-ended questions is highly relevant.

Disadvantages of Questions

Questions tend to convey to the child a role concept: The counselor is to question; I am to answer. Children often readily assume the role assigned in relations with adults. Questions that appear to the child to be patterned, after he states his initial concern, may be interpreted as telling him that the counselor expects to run this show with his questions. Often this is comfort-producing for the child, who then concludes: "When he has asked all his questions then he'll know how to solve my problem."

Even though the child may find such a situation familiar (my teachers and parents question me) and safe (this way I don't have to worry about what to say) it is not likely to produce the kind of involvement that helps the child feel that he is participating in the process of solving his own concerns.

Yes-No questions are particularly likely to reinforce a low level of verbalization on the part of the child. Many a child is content to shift all the interaction responsibility to the counselor, even knowing that his concern is not being dealt with. Terry senses that the counselor is more comfortable in his Yes-No world and he does not care to confront the counselor with his problem. So while what he wanted to talk about is that he still is afraid of the dark and sometimes wets the bed rather than get up, he lets the counselor have his area of comfort in asking about hobbies, his relations with other children , his school work, whether his parents and his brothers and sisters do things together, and what he hopes to be when he grows up. Yes-No question patterns result in strong counselor leads that may bypass areas of genuine concern to the child.

Questions oriented to elicit facts suggest that feelings are not as important. Many counselors are more comfortable in the realm of questions that elicit facts.

Adam is telling about a fight he just had. The counselor responds with fact-oriented questions:

What happened then?
This boy - was he older or younger?
Why do you suppose he picked on you?
What did you do to him that got things started?
You mean that this happened on the playground at recess?

Nowhere in this dialogue is time taken for Adam to feel that his hurt, his anger, and his guilt are of concern to the counselor.

The helping person who wishes to distinguish himself from the otners who may hear this story will care at least as much about the feelings Adam has as the facts that are communicated. Facts and feelings alike are important. However, if Adam is to feel understood he may well need to express the anger and hurt inside. Often the salient facts will emerge as the feelings are discussed.

Questions oriented to elicit feelings suggest a minimal level of understanding. Many counselors habitually use questions related to feelings: How did you feel about that? What were your feelings then? What do you mean you were mad? How did it feel when you were so angry? When such questions are asked, children may well feel they are not really understood.

"Well, don't you know?" is a frequent internal response.

A question asking how the child feels tells him that the counselor does not know. It would appear to be much more appropriate for the counselor to hypothesize about feelings than to question. Even if he makes an error of shading, calling a feeling fear when the child experiences it as anger, the child feels the counselor is trying to understand and is getting something of the message. Some alternatives to asking questions about feelings are:

You must have been very worried then.
I can tell you're still excited about that.
Your anger must have almost exploded then.
I can imagine you even shook then, and your hands were cold or very sweaty, and your stomach felt tight.

Questions that open new topics are often experienced as manipulative by the child. When a counselor suddenly introduces a new topic, particularly through a question, two effects ensue. The child feels that the topic under discussion was not worthwhile, and the child feels manipulated - he must talk about this new topic, whether it seems relevant or not to him, or risk possible rejection by the counselor. He generally accedes, feeling that the counselor is another manipulative adult who may say he has freedom, but then clearly sets the topic. Two examples follow:

(1) Counselor: I'll bet you were glad that that bee missed you.
Edward: It wasn't a bee - it was a wasp.
Counselor: I see.
Edward: I'm glad it wasn't a green hornet! (Pause)
Counselor: Well - how do you feel about school?

(2) Ellen: (Discussing brother) Him and me fights some of the time. Boy, we really do! (Pause)
Counselor: How do you get along with other kids at school?

The sudden shift indicated in these and similar illustrations could have been handled in at least two other ways. One would be through a gradual transitional movement, the other through an explanation of the reason for the new topic's being introduced, which often does not require a question. For example:

(1) (Using transitional movement)
Counselor: I'll bet you were glad that that bee missed you.
Edward: It wasn't a bee - it was a wasp.
Counselor: I see.
Edward: I'm glad it wasn't a green hornet! (Pause)

Counselor: You've kinda run out of something to say.
Edward: Yeah.
Counselor: The bee story is over and now it's hard to find something to talk about.
Edward: Hm hm.
Counselor: Would it help if I suggested something to talk about?
Edward: Yeah. Go ahead. Ask me something.
Counselor: Well, if you'd like to talk about it, I'm wondering how you feel about school.

(2) (Stating reason for new topic)
Ellen: (Discussing brother) Him and me fights some of the time. Boy, we really do! (Pause)
Counsellor: You know, that makes me wonder. You don't seem to get along with Billy very well, and I'm wondering how you get along with other kids in your neighborhood and at school.

The whole area of questions in counseling could occupy us for many more pages. Suffice it to say that the use of open-ended questions is highly appropriate, the more so the more clearly they are relevant to the topic under discussion. The counselor is well advised to develop his non-interrogative repertoire to the point where it is at least as natural to him as is questioning.

Facilitative Therapist Attitudes in Training Parents as Psychotherapeutic Agents

- Bernard G. Guerney, Jr.,
Louise F. Guerney, Lillian Stover
- from The Family Coordinator,
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Introduction

The use of parents as psychotherapeutic agents for helping their own children is a rapidly growing treatment strategy. (E.g., Guerney, 1969; Johnson and Brown, 1969) For most child therapists, relying on the parent to do the job that once was his, instead of regarding the parent as a second patient or client, requires reversal of attitudinal field. Some soul searching is often required. A good place to begin is with the question, "What attitudes on the professional's part are most likely to give rise to, and to maintain a high rate of parent motivation and cooperation in the role of psychotherapeutic agent?" This paper presents one response to this question and may be helpful to therapists who are considering the use of the new strategy for helping disturbed children.

However, some qualifying remarks are indicated. The consideration here includes only the broader therapist attitudes rather than specific training techniques which contribute to good rapport, high motivation, and the acquisition of the necessary skills. Also, neither non-psychogenic difficulties such as may exist in a neurologically impaired child, nor the special problems which may arise with a population of lower class parents, are considered. Certainly the approaches of the therapist that will be advocated are not the only ones which can be effective; rather, they are the ones which the authors have found to be most helpful in training more than a hundred middle class parents to fulfill a psychotherapist's role for their children. These parents have been trained mainly in skills derived from Rogerian principles (Guerney, 1964; Guerney, Guerney, and Adronico, 1966), although techniques derived from behavior therapy have also been taught on numerous occasions.

Therapeutic Attitudes for the Therapeutic Educator

The suggested attitudinal framework for the professional therapist vis-a-vis his potential parent-therapist can be outlined as follows: The therapist - who in this context could really be called a therapeutic educator - should behave in such a way that the parent perceives him as one who (a) understands the parent's difficulties, his problems, his needs, and his emotions; (b) solicits and respects the parent's viewpoints and opinions even as he may try to persuade him to adopt or experiment with behaviors based on differing viewpoints; (c) does not blame the parent or hold him to account for any deficiencies of his child in their past relationship; and (d) sees the parent as a vital, indispensable helpmate in trying to improve the well-being of his child.

Much of this, stated so abstractly and briefly, sounds elementary and bland. This is true, so long as each person is allowed to define terms such as "understanding," "respect," "blame," and "helpmate" in his own fashion. In the present context subtle and demanding definitions are ascribed to these terms. Thus, if

the therapist is to be called understanding, he will not simply allow the parents to have this say, but will constantly be on the alert for the feelings and emotions which underlie the parents' verbalizations, simultaneously demonstrating his awareness and acceptance of these feelings. Respect for the parents' viewpoint is not simply hearing the parents out when they voice objections, but actively inviting contrary points of view from the parents; being alert for minimal cues of unreceptivity, or even lack of enthusiasm; and trying to get the parents to express these doubts as fully as possible. Avoiding blaming the parents is not simply avoiding criticism of the parent, but avoiding the implication of blame. This last point especially involves a change in orientation for most clinicians; therefore, it is this point which will be considered in depth.

Abandoning a Historical, Diagnostic Orientation

Specifically, the therapist must largely abandon the genetic, historical, diagnostic orientation which is a characteristic of the medical model. This orientation is so ingrained in many clinicians that they are unaware that it operates as a perceptual framework which organizes and focuses their responses to parents. As a matter of fact, most parents, especially mothers, have a very similar historical, diagnostic orientation themselves when they begin to try to solve their problems. Once they accept responsibility for the child's behavior, they seem always to want to explore what they have done wrong.

Encouraging the parent in this behavior is tantamount to implicitly blaming the parent for the current state of affairs. Considering another perspective, this can also be an unconscious attempt to delay facing up to the need to change behavior. Though the parents may welcome the delay this affords them from having to face up to what they should be doing tomorrow, they do not really wish to accept blame. Moreover, although they feel all right - perhaps even virtuous - looking for faults in themselves, they are bound to resent it when they perceive that the therapist seems to go along with the idea that they are to blame. The matter is much like a patient poking at a sore tooth with his tonge: He is impelled to do it, and it must somehow be satisfying, but it does him no good, and most important, he does not really want someone else to poke at it.

There are exceptions, such as when a parent is so completely overwhelmed with guilt that this feeling must be explored before the patient is ready to consider future behaviors. In most instances, however, parents are asked to consider that their interests and their child's will best be served by by-passing discussion of what they have done wrong in the past, and concentrating instead on learning and practicing beneficial behaviors now.

Accepting Assumptions Underlying and Educational Model

The alternative, educational model does not deny that unfortunate parental behaviors may have helped to create current problems, nor does it neglect the relevance of developmental stages of the child. This model does make certain assumptions which allow the therapeutic educator to forego any intense interest in the mistakes of the past. It does assume that if certain general favorable patterns of interaction between parent and child had existed throughout their relationship, a serious psychogenic problem would not now exist. But it also assumes that whatever happened in the past, the most efficient way to remedy the

difficulty is to strive to create a favorable set of circumstances in family relationships at the present time. The favorable family conditions referred to which can be produced in collaboration are as follows:

First, the parents are reasonably attuned to the demands which society will place upon their child as he grows older. Second, the parents have child-rearing goals such that they will not unwittingly attempt to build into the child strongly self-contradictory personal needs and goals. Third, the parents have sufficient knowledge and skill as teachers or educators to enable them to have much more success than failure in implementing their child-rearing goals, while at the same time maintaining the good will, respect, and affection of the child. Fourth, the parents behave in such a way as to allow the child to feel free to express his feelings and needs openly and appropriately so that the parent can be aware of the child's needs and feelings. Fifth, and finally, the parents will want to meet, and can to a reasonable extent succeed in meeting, these needs.

It must be emphasized that this last point does not mean that the parents must themselves be relatively free of conflicted needs, distorted self-images, or other pathologies. It only requires that they not express such pathology in ways which deny the child understanding and the fulfillment of his basic psychological needs.

With this set of goals in mind, the therapeutic educator is not conceptually tied to the past, nor is he determined to eliminate something. Instead, his eyes can be on the future; that is, on imparting the knowledge and the interpersonal skills necessary to create the sort of favorable conditions that have been described.

Dealing with Parental "Pathology"

Also very relevant to what is meant by avoiding blame even by implication, is the fact that the attitude which is advocated does not include interest in the pathology of the parent per se. This is important also with respect to convincing the parent that he is sincerely and entirely viewed as the psychotherapeutic agent. If the therapeutic educator is to avoid blame by implication, and if he is to convey to the parents that he relies on them, not himself, to bring about desired changes in the parent-child relationship and in the child's mental health, he should not focus on the emotional and psychological deficiencies of the parent as such. Rather, he should operate on the hypothesis - although he knows the odds are very strong that it will not prove wholly true - that each parent has all the psychological strengths and purity of feeling and motive to implement appropriate child-rearing methods. The operating assumption is that the only things deficient in the past did not result from parental pathology or negative attitudes but from the lack of opportunity to carefully consider with others their child-rearing goals, and/or lack of the knowledge and skills necessary to achieve these goals.

After the parents understand and intellectually accept as appropriate to them new methods of relating to their children, most of them find that it is not so easy to act on their new knowledge and beliefs as they supposed. Often they have emotions, needs, and conflicts of their own which make it difficult for them to carry out their new plans. They then begin to explore these difficulties. It is at this point that interest in the parents' intrapsychic

difficulties becomes most relevant and welcome. At this time defensiveness remains at a minimum because the parent has brought up the difficulty himself, and there is a task orientation to the exploration of these difficulties. The question is then seen by the parent not as "What's wrong with me that I fouled up my child?" as is not unlikely when the disease model is followed, but rather "What's keeping me from behaving in the way that I now want to behave toward my child?" The therapeutic educator and parent can then work together toward removing the obstacle so that the parent can get on with the really important task of modifying his own, and hence the child's behavior according to plan.

Summary

Cooperativeness, high motivation, and good rapport between therapist and parent are recognized as not being sufficient conditions to assure the effectiveness of a parent as a therapeutic agent, but they do seem to be necessary conditions. To attain these three conditions it is suggested that the therapeutic educator should adopt attitudes which help him behave in a way such that the parent perceives him as one who (a) understands his difficulties and feelings, (b) solicits and respects his viewpoint, (c) does not blame him and (d) sees him as an indispensable helpmate in solving his child's problems.

S.D.P.
Oct. 4/77

CHILD DEVELOPMENT PROJECT APPROACH TO COUNSELLING

- J. D. Friesen

The Counsellor's Task

It is to formulate a presenting symptom clearly and to design an intervention in the client's social situation or client's inner world to change that presenting symptom.

Definition of Problem

We have attempted to formulate the child's problem in behavioral terms using a variety of skills, techniques and measurement instruments. The measurement instruments include the Walker Problem Behavior Check-list, the Inferred Self Concept Scale, Observational measures, the Q Sort, Reading tests and the Sociogram.

The problems have been defined from several perspectives using standardized instruments:

(1) As counted acts (i.e. behavioral measures)
(2) As a state of mind or character disorder (Q Sort)
(3) As dyadic interaction (Sociogram)

We define the "problem" from the perspective of two social units:

(1) As a sequence of acts between different people (i.e. child, parent, teacher, counsellor)
(2) Personal thoughts, fantasies, cognitions and feelings.

Focus of Counselling

The repeating sequence of behaviors, thoughts, fantasies, feeling and cognitions are the focus of counselling (i.e. aggressive acts).

The Counsellor, Teacher and Schools as Part of the Problem

Shifting one's thinking from the individual unit only in counselling to a more dynamic interactional unit results in certain consequences. Firstly, the counsellor must be considered part of the dilemma. He becomes part of the social system in which the client functions.

Similarly, the parents, teachers, principal and community are members of the social system in which the child functions.

Adopting a social view of the child's problem makes it difficult to limit one's thinking to a child with a symptom (i.e. truancy) without including the social system and social issues in which the school is embedded. A boy who will not go to school may be responding to a bad school or to a problem family. But neither issue is separable from the fact that the father may be chronically unemployed because of the nature of the economic system and the mother may be involved in a welfare situation that may distort the organization of the family.

The counsellor's problem is thus not only the student, family, gang and school, but also the larger society.

Of course it is possible to go to extremes. It would be a mistake to define all problems as economic and cultural. Similarly it is a mistake to view problems as residing in the individual alone - i.e. misperception by the client, client's fantasies, or feelings.

As a counsellor, one cannot change the larger social system (this often takes a revolution), but one can define and work within the smaller social system and thus help to solve the presenting problem of the client.

Effectiveness of the Counsellor

The effectiveness of counselling is evaluated in terms of the outcomes of counselling (i.e. reduction in truancy, acting-out behaviors, increase in reading scores).

Conducting the First Interview

A counsellor must know how to formulate a problem and how to help the client to solve it. Because of the complexity of man and the diversity of problems, one cannot take a rigid and stereotyped approach to counselling. Flexibility and spontaneity are necessary. At the same time the counsellor should use techniques that he found successful from his past experience and not only seek innovative procedures.

If counselling is to end properly, it must begin properly. Several questions need exploration.

(1) What is the purpose of the inappropriate behavior? (inner logic)
(2) What is the social situation that makes the problem necessary?
(3) What are the relationship patterns of the client?

For each client the counsellor sees, a unique procedure is necessary. The first interview may take half an hour, an hour or several hours. The counsellor may move for change or perhaps not request action at once. When working with the family, the counsellor may interview one or all members of the family. For one ethnic group, one may take a formal approach while for another, one should have a casual attitude.

The first session of counselling must be designed to gather diagnostic information for therapy, but not for the purpose of classifying the client as a diagnostic type. This diagnostic information will help the counsellor to recognize what the situation is and what the consequences of change will be to people who are not there. The counsellor should in the first interview become aware of the social network in which the client finds himself. A client-centered interviewing style is most appropriate, especially during the first interview.

Stages in the First Interview

(a) The Social Stage

In individual as in family counselling, it is important to obtain the names of the clients or client and to get a response from each person in order to define the situation as one in which each person is involved. One should use courteous behavior similar to that with guests in one's home. Everyone is greeted and made comfortable.

It can be expected that the client or clients will feel defensive. They may feel that they will be punished by the counsellor and thus fear the situation. The child should be made to feel comfortable and that the counselling office is a pleasant place to be.

Always keep conclusions tentative. The counsellor may be misled. Be free to develop alternative hypotheses about behavior.

Be observant about the child's behavior (seating, talking style, etc.), but do not confront or comment on it until you have developed the right to confront.

(b) The Problem Stage or Exploration Phase

The social stage may last for one to 10 minutes, after which it is necessary to shift to the therapy phase. Here the situation is no longer defined as social but as purposeful.

A "get down to business" statement might be to ask the client why he is there or what the problem is, or what is it you want from me? or what changes do you want? or why are you here?

The more general and ambiguous the inquiry of the counsellor, the more room there is for the client to display his feelings and viewpoints.

(c) Defining Desired Changes

After exploration of the problems has occurred, and the situation has been clarified, it is important to obtain from the client a reasonably clear statement of what changes he wishes to make. This process helps the client to focus on the important issues and provides the baseline for the goals of counselling. (Keep track of these baseline behaviors and goals of counselling. Keep a record of each counselling session and record the agreed upon goals of behavior change.)

The Therapeutic Contract

The clearer the contract, the more organized the contract will be. If the contract is fuzzy and unclear, little change can be expected.

If a contract is agreed upon, it is much easier to present interventions later on. But always make clear that the problem settled upon must be a problem the child wishes to do something about.

Next move into the negotiation phase with the client. Here certain solutions to the problem are worked out in operational ways. It must be solutions the child perceives as workable and helpful.

Always make sure that the problems, symptoms or complaints can be counted, observed, measured or in some way influenced. In this way the client and counsellor will know whether or not they have succeeded. If the contract is cloudy, the outcome evaluation will be unclear.

Ending the Interview

The following should be included:

(1) Setting of the next interview.
(2) Assignment of homework.
(3) Statement on estimate of length of counselling: "We will be seeing each other for the next four months approximately once a week. How do you feel about that?"

Giving Directives

After goals of therapy have been agreed upon, it is possible to give clients directives.

Purpose of Directives

(1) To get the client to behave differently and so to have different subjective experiences.
(2) To intensify the relationship with the counsellor. By telling the client what to do, a counsellor becomes involved in the action. In homework assignments, the counsellor is involved with the client all week.
(3) To gather information. The directive may lead to action with resultant consequences.

What is a Directive

Directives are not taking responsibility for telling someone what to do. Everything in counselling can be seen as a directive. For example, "Tell me more about that," is a directive. Smiling and nodding is a directive. Whatever a counsellor does is a message for the client and in that sense he is giving a directive.

Types of Directives

(1) Telling people what to do when the counsellor wants them to do it.
(2) Telling people what to do when the counsellor does not want them to do it but to rebel (counter-conditioning, paradoxical intention).

Telling people to treat each other better is not useful to them. They have had this advice many times and have not benefited by it.

Good advice is usually not helpful in counselling except where the client is unusually unintelligent. One might, however, use the expression, "If I were to give you some good advice what would I say?" The client will then tell the counsellor all the good advice he could imagine.

Giving good advice means the counsellor assumes that people have rational control over their behaviors - this is not so from a counselling perspective.

Motivating the Client to Follow Directives

Motivation is helping the client to see that there is some gain in new behaviors. Client must feel that the new task or behavior will achieve the ends he has in mind for himself. It cannot be something laid on the client.

Being Precise

After the client is motivated, the counsellor should give clear instructions (unless his goal is to be confusing). The directive should be clearly given rather than suggested. "I want you to do so and so" rather than "I wonder if you've considered possibly doing such and such?" or "Why don't you do such and such?" is really asking a question rather than giving a directive.

Watch the client for his response. You can then tell if he understands. The counsellor should not be afraid to repeat himself for greater clarity. It is possible to ask client to repeat instructions.

Reviewing the Task

If the task is very complex, the client should rehearse the task both verbally as well as in role-playing situations. The various problems can then be discussed and alternatives proposed.

The Task Report

When the counsellor has given a task, he should always ask for a report at the next interview.

If the client has done the task, congratulations are in order and the interview goes from there. If the client has partially done the task, an exploration is necessary of why it has not been completed.

The counsellor should not let the client off easily. To do so, means the task was not very important.

Not to do the task is not failing the counsellor but failing the client. Don't be disappointed in yourself but rather in the client.

Tell the client the task was really very important and it is too bad that he did not do it for his own sake.

Generally, a counsellor should not forgive people easily who have failed to complete their tasks. Failure to keep a contract should never be treated lightly.

Designing Tasks

Whenever tasks are assigned, they should be simple enough so the client can do them. Success achievement is essential. The counsellor should be able to say: "This is something you can easily do."

In designing the tasks, think about the goals and the ways to achieve them by use of a directive.

S.D.P.
Oct. 25/77

STUDENT DEVELOPMENT PROJECT

Theoretical and Practical Considerations in Working with Children With:
(1) Learning Difficulties
(2) Conduct and Acting Out Behaviors
(3) Withdrawal and Related Anxiety States

J. D. Friesen

In this paper, I wish to provide some theoretical and practical considerations which will form a basis for working with the children in the Student Development Project. It is essential in a project as far-reaching and comprehensive as this one, that clear and consistent principles be enunciated which will form the raison d'etre of the activities in the classroom, counselling office and home. It is these principles and procedures that I wish to discuss in this paper.

It goes almost without saying that it is necessary to set up specific goals for every child in need, but it is also possible to talk about general goals which apply to all children. Such a general goal of all children is emotional growth and maturity. It is our intention then to provide the targeted children in our project with those types of experiences which will facilitate emotional growth and maturity and subsequently will improve their learning rates.

One condition of emotional growth and maturity which has particular relevance to the children in our project is the reality orientation. It is helpful to define emotional maturity in terms of the reality principle taking precedence over the pleasure principle. Of course this is only a relative matter because no one should become all reality principle. "All work and no play makes Jack a dull boy." Nevertheless, a number of children in our project, particularly those with acting out and conduct problems, yearn for immediate gratification and lack the capacity to postpone immediate gratification for later gratification.

As a group, the children with acting out behaviors lack sufficient controls from within to contain their own behaviors. They have limited ego controls which are essential in order to function responsibly in the school and society.

Several procedures may be used in the development of stronger ego controls.

I Modeling and the Role of Exemplars

All children in their growing up period need identification models. The school personnel, teachers, principal and counsellor represent the real world to the children. The school staff demonstrate their own personal maturity to the children by means of their own frustration tolerance and ability to accede to the reality demands without temper outbursts or undue frustration. Acting out children require consistent classroom instruction and teachers, counsellors and parents who possess strong ego controls (i.e. do not lose their tempers easily or yell at children unduly). It is these kinds of people that acting out children need to use as exemplars for their own emotional development.

II Establishment of Limits

Another way to promote the development of ego strength is via the use of clear limits. It is unfortunate but true that some teachers and counsellors

equate good classroom climates with permissiveness and are under the mistaken notion that because the child has suffered deprivations, what he therefore needs from the teacher or counsellor is unlimited indulgence. Greater permissiveness may be helpful for the severely withdrawn child, but for the acting out student it would only reinforce his inappropriate behaviors. Nothing meaningful therapeutically can take place without realistic limit-setting. Permitting a child to do whatever he "wants" is unrealistic, for it does not represent what he will meet in the real world. This does not mean developing an autocratic classroom style but expecting responsible behavior from children and insisting upon a democratic decision-making process wherever possible.

III Natural and Logical Consequences

After setting clear limits in the classroom, school or home, it is important to ensure that the child experiences the consequences of misbehavior. The Adlerians have worked out a very useful way of looking at consequences. They have identified two types of consequences, namely natural and logical consequences. By natural consequences they mean consequences which occur naturally as a result of the child's behavior (i.e. the child's finger gets burnt if he insists on touching the hot stove). Often we overprotect our children and do not allow them to suffer the pain associated with inappropriate behaviors. By logical consequences, one refers to those consequences that result from a disregard of those rules or regulations which govern our lives (i.e. if you speed, you get a speeding ticket; if you don't do your homework, you must stay after school, etc.). These consequences must be consistently and without undue annoyance from the teacher, parent or guardian be carried out by the child. It is no use arguing about the consequences. They have been agreed upon by the child in advance and thus must be fully and completely administered.

IV The Development of Trust is Essential

The development of trust is the first step in the growth and maturity of our target population. The children in our group are conspicuously impaired in their ability to learn from adults. The mediation process is blocked or distorted by the child's experience-based hypothesis that adults are deceptive and that they are an unpredictable source of hurt and help. He faces each adult with a predominant anticipation of punishment, rejection, derision or withdrawal of love. He is impaired in the very process by which more mature ways of living may be acquired. A first step then in our work with out targeted children is the development of trust. Trust, coupled with understanding is the beginning point of better classroom and learning behaviors. The child must have the experience to know that he can use an adult to learn many things: how to read, how to be affectionate, how to be oneself without fear or guilt.

I am convinced that no amount of professional training can make an adult worthy of the trust of a child or capable of generating it. This ability is prior to technique, to theory and to technical knowledge. We need counsellors and teachers who know the way to inspire trust in children and to teach them to begin to use adults as mediators of new learning.

V Competence Makes a Difference

The ability to do something well gives a child confidence and self-respect and gains for him acceptance by other children, teachers and parents. Ours is an achievement oriented society and a person's worth is established in substantial

measure by his ability to produce and perform. However, acceptance without productivity must be a beginning point in the process of working with our sample of children, but an early goal and a continuing challenge is to help the child get good at something that is socially acceptable.

What does acquisition of competence mean in our project? First and foremost it means gaining competence in school skills, in reading and arithmetic but also in the acquisition of social skills of cooperation and interpersonal respect and goodwill. If a child feels that he is inadequate in school, inadequacy can become a pervasive theme in his life, leading to a consistent pattern of failure to work up to his ability. Underachievement is the single most common characteristic of the children in our sample. I regard it as sound educational strategy to attack directly the problem of the child's feeling of inferiority, inadequacy and lack of self-esteem. Our counsellors and teachers will need utmost skill and finesse to help our targeted children gain positive experiences where they have often known defeat, where failure is a well-rooted expectancy, where a printed page can evoke flight or protest or crippling anxiety as with our withdrawn students.

We will not need special therapy rooms, although we may see the child or his parents from week to week. We do not view behavior problems as measles or as a broken leg that can be cured through isolation and hospitalization. School and the home are the very stuff a child's problems and consequently, a primary source of instruction in living. We are interested in working within the natural environment of the child rather than creating artificial and antiseptic environments.

Although this may vary considerably from classroom to classroom, the preparation of special programmed material for an individual child may seem appropriate. Increased competence does not have to be limited to increased skills in school subjects. It may mean learning to swim, to dance, to draw, to build a shelter in the woods, to handle a canoe, to learn to talk in a group meeting, to assert one's rights, to give of oneself and possessions, to risk friendships, to see parents as people and teachers as friends.

VII Symptoms Can and Should be Controlled

There are those in counselling who are disinterested in symptoms and believe that the one symptom removed will simply be replaced by another and that the task of the counsellor is to uncover underlying conflicts against which the symptom is a defense, thus eliminating the need for the symptom at all. In the Child Development Project, we believe symptoms are important in their own right and deserve direct attention. Bad symptoms are those that alienate the child from other children or from adults he needs as sources of learning and security. Much can be gained from identifying symptoms that are in the way of normal development and it is the task of the counsellor and teacher to work out specific plans for removing or altering the symptoms whenever possible.

VIII Control of Behavior Can Be Learned

We are interested in helping the child to learn better ways of managing his problems. We will rely primarily on the immediate experience, on the day by day, hour by hour, moment by moment interactions of the child with his environment (friends, teachers, parents). We are interested in discussing with the child those specific events which cause difficulty for him. We believe the child has

the ability to shape his own behavior by self-administered verbal instruction. He can signal to himself if he can learn what the useful signals are. The counsellor needs to work with the child to help him learn the right signals and attend to the appropriate stimulation. The focus of this effort is on today and tomorrow, not on the past or the future, and on ways for the child to signal to himself to make each day a source of instruction for the living of the next. The counsellor will need to help the child identify those experiences that went wrong for him in school, on the playground, in the community and in the home and to generate alternative behaviors which might be tried in similar circumstances to make the experience more successful. Perhaps as important as solving the problem, is the acquisition of the habit of talking things over with a concerned and interested adult. A good way of getting control over a behavior is to talk about it, a habit that can frequently be carried over into the child's home and become a new source of strength for the child's family.

IX Feelings Should Be Nurtured

We are very interested not only in behaviors but also in the feelings the child has about himself and others. Anger, hostility, resentment, as well as affection, love and fear are legitimate emotions and must be acknowledged and managed appropriately. We need to help children to manage their affect, their anger, or despair, or fear, or loneliness in a constructive and helpful manner.

In our project, it is interesting to notice that we have a ratio of four or five boys to one girl, a consequence in part to the lack of masculine challenge in school and community today. We need to devise experiences for these boys where they can test themselves and demonstrate their masculinity. Such experiences can perhaps be arranged in the physical education classes, after school or on weekends.

X Ceremony and Ritual Give Order, Stability and Confidence

Many of the children from our project have lived very unstructured and chaotic lives. They come from homes where there is much conflict and disorganization. I am convinced of the importance of ceremony, ritual and metaphor and the counsellor and teacher should plan for their inclusion in the child's life. Nightly activities could be arranged. Birthday celebrations should be enjoyed and focused upon. And a Christmas pageant could effect angelic transformations of boys whose ordinary conduct is far from angelic.

XI The Body is the Armature of the Self

We believe that the physical body is the armature around which the psychological self revolves. Thus a clearer experiencing of the potential and boundaries of the body should lead to a clearer definition of the self and thus to greater psychological fitness and more effective functioning. We need to get the children involved in community sports activities, in school recreational programs and in weekend activities sponsored by organizations such as Outward Bound.

XII A Clearer Concept of Community

Underlying the systems approach to behavior, we are profoundly concerned about the child's relationship with the community. Many children in our sample come from families that are alienated or detached from community life or that are not well enough organized to help the child develop a sense of identity with the city of New Westminster. The child has little opportunity to discover that

communities exist for people and even though there are problems in the community, an important part of his education is to learn that community agencies, schools and institutions exist for his welfare and he has an obligation as a citizen to contribute to their effective functioning. This is especially true of a number of boys in our project who a few years from now may become juvenile delinquents because of their lack of control, resentment of authority, aggressiveness and misdirected energy. This idea has a number of implications for program planning. Field trips to the fire, police and health departments are useful. Memberships in the Y.M.C.A., museum, playground, soccer team may be worked out with the child. Church attendance may be encouraged and a clergyman may be asked to take special interest in the family. A library card may be secured for the child and books taken out for special reports.

XIII A Child Should Know Joy

We need to help the child develop experiences in which he feels joy. It is important for all of us to have some daily encounters with life which give us the experience of well-being. Similarly, a child needs to know some joy in each day and to look forward with eagerness to at least some joy-giving event that is planned for tomorrow. It should be possible for the counsellor to develop contracts with the child in which the immediate experience will be one of joy and well-being.

Conclusion

We are excited about the Student Development Project. The program exemplifies in its development and in its assessment procedures a challenge to psychologists, teachers and counsellors to concern themselves with educational services that are designed to improve the quality of life for a number of special students.

S.D.P.
Nov. 8/77

Counselling Methods in Initiating Contacts with Elementary Students

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Counsellors and therapists of all theoretical orientations agree that the establishment of an appropriate relationship between helper and helpee is very important to successful counselling. With adolescents and adults, this atmosphere of warmth and trust is established through the traditional verbal interview. The interview, however, is not the only approach in initiating counselling with elementary students. Counselling elementary-age students requires different techniques because they present difficulties which are not characteristic of adults and adolescents. One major problem is that a majority of elementary counsellees are teacher or other adult referred. Thus the elementary child seldom seeks counselling on his own. Also the child is accustomed to the role of a dependent being (i.e. requires direction from adults). Often the elementary student finds it difficult to verbalize his concerns clearly and sometimes is unable or refuses to do so at all.

Because of these problems which are unique to the elementary student, counsellors must use methods and approaches which will assist them in reaching these students.

The Counselling Environment

The counselling environment includes the counselling room, gym, library, classroom, art room, music room, playground, etc. Counselling can take place not only in the designated counselling room, but in any area that is appropriate for the counsellor and counsellee.

The Counsellor's Equipment

If one has the concept that counselling can take place in any area, the equipment needed is often accessible since not all of the pieces of equipment are required in the designated counselling room. Piano, blackboard, balls, books, all kinds of toys, dolls, puppets, paints, crayons, playdough, puzzles, scissors, games, etc. are some of the equipment which counsellors may use in the elementary level.

The Equipment and Purposes

(1) Toys that facilitate contact:

- puppets, doll families, play-phone, typewriter, paints, crayons, pencils, blackboard, clay, playdough, books.

(2) Toys that replicate real-life experiences (reality-testing):

- animal toys, cars, trucks, play money, doll families, playhouse furniture, housekeeping equipment.

(3) Toys that encourage catharsis:

- pegboards, block houses, tool kits, medicine ball, playdough, etc.

(4) Toys for sublimation of aggressive drives:

- sand, water, playdough, clay, paints, cooking utensils, paper for writing poems, stories and drawing, toss games, dartboards, checkers.

(5) Toys that enhance self-concept:

- building toys, models, lincoln logs, puzzles, pasting and cutting paper, etc.

Method in Initiating Contact

How the counsellor presents him/herself in the beginning sessions is crucial in determining future encounters. Many beginning counsellors mistakenly focus on trying to be overly friendly or to be too nice. Often this creates suspicion and caution on the client's part. A student may wonder, "Why is this person trying so hard to butter me up?"

(a) Being With the Client - When the client comes into the counselling room and starts to walk and explore the room, the counsellor should not just sit there. The counsellor should be with the client (i.e. stand up with him) and explore the environment with the client. For example, when a client walks over to some books, the counsellor might say, "It seems like you are interested in these books?" This method of initiating contact is often used when a client doesn't prefer to sit and verbalize. The following case is an example of a client who is all over the counselling room.

Counsellor: (standing by client looking out the window) It's sort of nice staring out the window. Especially on a rainy day.

Client: Yeah. I wish we could do it in class. Every time we look out we get yelled at, especially me.

Co: Sometimes you do things other kids do and you're the one who gets it. Sorta bugs you.

Cl: Yeah, I get it all the time. Everyone picks on me.

(b) Use of Drawing and Painting - At times, some clients would like to draw or paint when such materials as pencil, crayon, paint are readily available. If a client takes a piece of paper and starts to draw in the session, the counsellor could focus on what the client is drawing. The counsellor, however, should refrain from interpreting or making evaluative remarks, such as "You are so angry with Johnny you would like to hit him like in the picture?" or "Oh, what a nice mouse!" (when in fact it is an elephant). Below is a case of a counsellor using drawing as a counselling technique with a withdrawn child.

Co: You like to draw a lot. I wonder if we could talk about this drawing you did?

Cl: Well, here's my mom in the kitchen (not in the picture) and she says you better be quiet because dad is mad. When he gets mad, wow, we all look out!

Co: You have to watch it, especially when dad is mad. It's sorta scarey.

Cl: Yeah. You see, my sister got it and she got sent upstairs. If I say anything now, I'd get it.

Co: Your sister got it and now you are really frightened. He looks really angry (pointing to picture).

Cl: Yeah. (Draws two big lines across picture) Next time I'd like to paint instead of just drawing.

Co: When you are frightened, it's pretty hard to say how it feels.

Structured drawings may also be used effectively by counsellors. Counsellor can structure the drawings by asking the client to draw a picture of his family during dinner, a picture of him playing with his classmates or a picture of him in class. Counsellor then could encourage the student to discuss the picture with him.

(c) Use of Blackboard Drawing - When a blackboard is readily available in the counselling room, some children are often attracted to it. Once the child writes or draws on the blackboard, the counsellor should encourage him. Talking about the drawings will encourage the child to express his feelings and attitudes in a less frightening way. These drawings will also provide topics for future discussions about his feelings.

(d) Use of Taperecorder - Some students' attentions are drawn to the counsellor taperecorder. Children often ask how it works and could they try it. The counsellor could use this as a counselling tool by telling the child that he could listen to it after the session or the next session. Both counsellor and client could listen to segments of the tape and discuss what they feel about themselves and what they said in the tape. Often some children will deny that it was they who are speaking on the tape. They say things like, "That doesn't sound like me", "You know, I tried some of the things we talked about and they have been pretty good to me lately."

(e) Use of Student's School Work Samples - If a student expresses concern about a certain subject (math, spelling) or expresses interest in a subject (history, art), the counsellor should express interest in these areas and ask the client to bring samples of work. When a child is encountering problems in a subject, the counsellor may encourage the child to bring samples to see if they could work together. The following two cases are examples:

Co: I see you brought your arithmetic with you.

Cl: I'm a little behind in arithmetic. I don't like it.

Co: You find it a little tough and it's got you behind others. Sorta like to say I hate it.

Cl: It's not too tough. It's Jimmy and Ken, they kept bugging me and I get into trouble.

Co: If only you can get them off your back and the school work will be better.

Co: Oh, you brought a picture.

Cl: Yeah, I did it last week. It's a big ship with lots and lots of people. See here, that's the captain. He's my dad.

Co: It's a very intricate picture. You must have spent a lot of time on it. You are happy that your dad is the captain.

Cl: Yeah. I'm always happy to see him and his big ship. I don't see him that much, but I always draw him and his boat.

Co: You miss your dad a lot when he's away.

Cl: Yeah. We all do. There's my sister Gail and I am here (pointing to picture). Mom is sick. She is not in the picture.

Co: Your mom is not feeling well and it saddens you.

(f) Activity-Centered Counselling - The counsellor may discuss with client about doing a special project or activity, such as building models, etc. While working together, they will find out about each other and the client will be more at ease. When the project is completed, they can discuss it and then may share it with the teacher or classmates. By sharing it with others, the child may receive attention and admiration which may enhance his feeling of self-worth.

(g) Play Therapy - Clay, playdough, puppets, dolls, dollhouse, toy furniture, toy telephones, etc. may be used effectively in play therapy. Usually play therapy is unstructured. However, the counsellor must create play conditions in which the child can be himself and express himself. The role of the counsellor should involve warm acceptance and understanding. Depth analysis is not needed. Thus the counsellor should be more reflective than interpretive in his responses. Following are three capsule situations followed by two responses the second response is preferred.

(1) Joe crumbles the paper after he completed the picture. He said it is ugly.

- You don't like the picture because it's ugly, same as the way you feel inside.
- You don't like the picture so you don't want to keep it.

(2) Jill smacks the clay figures with anger.

- You'd like to punch all those people who pick on you.
- You are angry so you crushed these figures.

(3) Mary sucks her thumb while feeding the doll, then she drinks from the bottle.

- You want to be the baby just like at home.
- You fed the baby and now it's your turn.

S.D.P.
Nov. 8/77

STUDENT DEVELOPMENT PROJECT

Marital and Family Counselling

This paper is designed to assist counsellors in working with families of children with behavioral disorders. Specific procedures will be presented which will aid counsellors in counselling and consulting with families. The intended audience for this paper are counsellors and therapists rather than parents.

The procedures suggested below have not been evaluated except in those instances where the methodology is based upon the work of Patterson (et. al.). Nevertheless, evaluation measures are built into the present project which are designed to study the effectiveness of the procedures used.

Group Meeting of Parents

The first general meeting with parents is crucial and will influence the work with the children in the future. Precautions must be taken to ensure that the parents are appropriately invited (see attached letters) and the meeting place is comfortable. Coffee and tea should be available together with name tags.

The following objectives should be met at the first meeting.

1. The parents, counsellors and therapists should get to know each other by name.
2. The parents should gain a clear understanding of the purposes of the counselling program.
3. The parents should gain confidence in the counselling staff and give a commitment to work together with the counselling staff in achieving the goals of Student Development Project.
4. The parents should identify some of the areas of need in their families and particularly with their acting-out child.
5. The parents should fill in the Parent Referral Form and the Becker Adjective Check-List.

Individual Consultations With Parents

The consultations with the parents are designed to build into the family system, new and improved methods of parenting. After rapport, trust and mutual respect has been established, specific behaviors within the family need to be identified that are of concern to the parent or family members. It may be possible to identify three or four such behaviors, interactions or relationships which could be meaningfully altered. The counsellor should help the child or parent identify such behaviors and help the parent or child rank them in a meaningful hierarchy.

i.e.	Doing homework	(1)
	Brushing teeth	(2)
	Fighting less	(3)
	Obeying parents	(4)

It is important to have the behaviors stated in behavioral terms rather than in general terms (i.e. I wish to become a better boy). This is most important

since a general commitment to change probably will lead to no change whatever. The behaviors should be identified so specifically that these may be counted. In many instances you will want the parents or child to count the number of times the behaviors have occured during the 24 hour day. This is important because any change in the behavior of the child becomes apparent if a careful record is kept.

After the identification stage has been completed, it is possible to begin interventions.

The intervention will consist of two major strategies; these two strategies are based upon insight formulations and reinforcement principles. Underlying both strategies is an overall systems model of family and group functioning. The counsellor should have a basic understanding of insight, reinforcement and systems theoretical perspectives.

Since the Q sort has been administered to the target child, it may be helpful to administer the Q sort to the parents asking them to rate their child on the available cards. It might be very enlightening for the parents to get a self-concept rating on the child. Again an ideal self-concept Q sort could be administered to the parents to identify levels of incongruence between the real and ideal self-concept. This incongruence may help to identify targeted behaviors in the child or family which the parents would like to see changed.

It may be helpful also to conduct Adlerian family constellation analyses with parents to help them gain a clearer insight into their family function. Similarly, communication patterns may be analyzed using T.A., Gordon or Virginia Satir methodologies. These procedures are designed to provide greater insight into family functioning, family dynamics and perhaps form the basis for behavioral change.

Often insight alone is insufficient to bring about change in the behavior of children or in the family dynamics of severely dysfunctional families. Where this is the case, it is necessary to develop a system of contracts and a contingency program to ensure that new behaviors are being developed. A written contract where parents, child and counsellors agree to a specific set of new behaviors is recommended. Where a contract is not formally drawn up and signed, it is important that all parties involved understand and are committed to bringing about the change in behavior.

Often it is important to develop a system of rewards to go along with the contract. Sometimes social rewards are all that are required, while at other times and in other families, it is necessary to use primary reinforcers. If this is the case, make sure that the reinforcers are indeed reinforcing to the child. It is no use building a contingency contract and find out that the reinforcers are non-reinforcing to the child.

After having built the contract, it is important to check with the parents on a daily or at least twice weekly basis on how the child is doing. Find out specifically from the parent whether or not the child is making progress in the agreed upon direction. If the child is not making progress, the contract will need to be re-written. However, do not expect massive changes instantaneously in the behavior of the child. Behavior change comes about slowly by successive approximations of the goal of behavior change.

Record Keeping

It is imperative that accurate and up-to-date records are kept of all contracts and related information. Parents should be taught to keep accurate count of both appropriate and inappropriate behaviors. This count should be marked on a daily contract form and collected weekly by the counsellor.

Summary

Working with parents in this project will consist of a number of discrete activities. Professional decisions will need to be made by the counsellor regarding the adoption and use of appropriate intervention plans. At all times, the counsellor should check with his supervisor when in doubt about the appropriate use of interventions.

The following procedures are recommended:

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5. Develop insights into the behavior dynamics of the family.
6. Develop contracts and behavior contingencies to bring about behavioral change.
7. Have parents keep record of behavior of child on agreed upon behaviors.
8. Phone parents daily or twice a week to check on new behaviors.
9. Keep a record of behavioral contracts, etc., in your own personal file.

- J. D. Friesen

S.D.P.
Nov. 29/77

STUDENT DEVELOPMENT PROJECT

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- J. D. Friesen

S.D.P.
Nov. 29/77

STUDENT DEVELOPMENT PROJECT

Classroom Interventions

- G. Saleski

What is a classroom? The classroom is often an arena of conflict between educating and socializing; too often the individual student becomes lost and the focus is on socializing rather than educating. It is the classroom teacher who can provide the conditions necessary for the "authentic" development of individual students in the following ways:

(1) Confirm for the student his uniqueness. This will encourage further development of the self.

(2) Be authentically present; stimulate and challenge the student to further develop his own identity and relations with others.

(3) Provide the opportunities and resources which the student will need to fully realize his potentialities.

The counsellor as consultant assists by helping the teacher acquire and understand some of the following principles[1]:

(1) People do only what they would prefer to do.

(2) The two aspects of learning are: 1) acquiring new information, and 2) discovering the personal meaning of that information. Information in itself is useless.

(3) It is more important for people to learn a few concepts or principles rather than many facts.

(4) Learning is much more efficient if the learner (student) first feels a need to know that which is to be learned.

(5) Students learn more easily and rapidly if they are involved in making the important decisions about their learning.

(6) Students learn and grow more quickly if they are not afraid to make mistakes.

In the model of man advanced by Alfred Adler in his Individual Psychology, every child is seen as a self-determining person, able to create his own style of life. Through a combination of trial and error and his own observations, the individual child forms his own conclusions about life and his place in it.

Dreikurs, Gould, Corsini (1974) based their intervention of a Family Council on a number of propositions which might be equally valid when setting up a classroom council. The modified propositions are as follows:

I. The Classroom As An Organization - To be an effective organization, the class must function in an orderly manner with a minimum of conflict. This requires that each member contribute to and accept the class objectives. In a smoothly functioning classroom each member knows what he is to do, where the limits are, and how he can talk to the others.

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[1] Dinkmeyer, D.; Carlson, J. Consulting: Facilitating Human Potential and Change Processes. Columbus, Ohio: Charles E. Merrill Publishing Company, 1973, p. 240.

II. Emotions Follow Intellect and Behavior - Often a change in behavior affects the way class members feel about one another; in this way it is quite possible to change a chaotic classroom into a harmonious one, in which co-operation exists.

The feelings that class members have for one another follow from the experience of how each one acts. Thus, if there is co-operation and mutual respect, warm feelings will follow. Conversely, if there is competition, quarreling, and belittling, hostile feelings will exist.

III. Human Beings Can Function Only as Equals - Only as equals can the classroom function as a democracy. If respect is desired in only one direction - that is, from students toward the teacher - there is no equality, as this assumes that one person is superior to the other. To achieve a democratic relationship, it is essential that there be mutual respect; there can be no equality without it. A democratic teacher is seen not as an authority, but as a leader and 'teacher'.

IV. Logic Works Better Than Force - Often teachers try to get their students to do what they want them to do with threats, pleading, bribery. Although this may work at the time, many of these interventions carry after effects.

If the child is bribed, the teacher may find the student will never do anything he doesn't want to unless he is given a reward. The questions becomes: is this adequate preparation for adult life?

If the student is threatened, he will soon learn to tell the difference between threats the teacher intends to keep and those he doesn't, and to respond accordingly. Thus, the more the teacher threatens, the more often the threats may have to be in abeyance.

If the teacher pleads with the student, the student is elevated to the superior position and the teacher is placed in the supplicating role.

In the Classroom Council anything that affects effective classroom functioning can be discussed. With an open atmosphere, problems can be dealt with before they reach impossible proportions.

V. Human Relations Are Logical - Just as society has expectations of teachers, teachers have expectations of children. The realities are that students live in a society, involved with other human beings. As members of society, all are required to face the demands of life in interactions with other people. If teachers attempt to protect their students from the world outside the classroom, they succeed only in limiting the students' future growth. In the Classroom Council, through participation and co-operation, class members can learn to interact effectively in the world around them.

VI. Teachers and Students Are Engaged in a Co-operative Venture - The classroom belongs to all members and each member is required to make some contribution. It is as a member of the classroom that the student first derives his feeling of belonging to society at large. To achieve this feeling of belonging, the student's contributions must be respected, he must get the message that he has value as a person. The student feels equal to his classmates; he feels neither superior nor inferior to them.

The Classroom Council is an effective instrument in helping the students make co-operative contributions to the effective functioning of the classroom.

VII. Well-Being Depends on Co-operation - The concept of the Classroom Council is derived from Alfred Adler's theory of Gemeinschaftsgefuhl; this relates to the individual's feeling for mankind, the concern for others, a solidarity with other human beings.

Classroom Council

A Classroom Council (C.C.) is composed of the member students of a classroom. These members agree to regularly scheduled meetings of a certain length at specific times. Generally these meetings are on a weekly basis, at a time when all the members are free for at least an hour.

In the early C.C. sessions, ground rules and guidelines are discussed and decided upon. These rules would also determine how the officers are elected and the offices rotated.

The C.C. provides an open place for discussion; every member is given the opportunity to discuss his complaints, questions and ideas without fear of interruption. This means that ideas, thoughts and words which may be unsuitable at other times are allowed during C.C. meetings.

At C.C. meetings, every attending member must be treated equally. This means that the teacher does not have the right to impose his will because of his wider life experiences, while the younger members of the C.C. do not receive special consideration because of their youth.

When a decision has been arrived at, it can only be binding if every member present has given his agreement. This avoids majority decisions which may lead to grievances by the minority and impede co-operation. This possibility cautions the use of voting in the C.C.

To review, the following are the basic criteria for an effective C.C.:

(a) equality of all members
(b) mutual respect
(c) open communication
(d) regularity
(e) agreed rules
(f) joint deliberation
(g) reciprocal responsibility
(h) mutual decision.

In Glasser's Classroom Meetings (Glasser, 1969) the teacher leads the class in a nonjudgemental discussion about something relevant and important to them. Glasser has categorized these into three types: the social-problem-solving meeting; the open-ended meeting; and the educational-diagnostic meeting.

The social-problem-solving meeting attempts to solve the individual and group educational and social problems of the school and of the classroom. Glasser feels that such meetings should be held as early as kindergarten in order that

students discover early that each class is a working, problem-solving unit and that each student has both individual and group responsibilities. The goal is that responsibility for learning and behavior is shared among the members of the entire class. If children learn to participate in a problem-solving group when they enter school, and continue this practice with a variety of teachers through the years, they learn that the world is not a mysterious, hostile, frightening place where they have little or no control over what happens to them. They learn instead that although the world may be difficult, they can use their brains, individually and as a group, to solve the problems of living in their school world.

The process of the meeting follows a pattern. First the problem is exposed for open, honest discussion. The next step is to get students to make value judgements regarding the particular behavior of concern. This is followed by plans for change, and then students are required to make a commitment regarding the plan of action decided upon. Social-problem-solving meetings are valuable to both the students and the school. Glasser suggests that elementary school students should meet regularly each week to discuss the problems of the whole class and of individual students within the class.

Glasser provides a number of guidelines for conducting these meetings. He feels that all problems relative to the class as a group and to any individual in the class are eligible for discussion. The discussion itself should be directed toward solving the problem, but the solution should never include punishment or fault finding. These meetings should always be conducted with the teacher and all the students seated in a tight circle in order that everyone is included and visible to everyone else. They may vary in length from about ten to forty-five minutes depending on the age of the students. Also, students gain positive involvement more quickly through meetings in which they discuss ideas and concerns relevant to their lives.

The open-ended classroom meeting should be used most often, for through its use relevance can be added to education. In this meeting children are asked to discuss any thought-provoking question related to their lives, questions that may also be related to the class curriculum. Here the teacher is specifically not looking for factual answers. In the lower grades, the open-ended meeting may have to be related to the curriculum by the teacher, but in the higher grades the students can generally make the connection. Having a thoughtful, relevant discussion on any subject, however, is more valuable than forcing a connection with the curriculum.

A third type of Glasser class meeting, the educational-diagnostic meeting, is always directly related to what the class is studying. It is a quick method for the teacher to use to check the effectiveness of her teaching. The discussion should concentrate on the concepts, not the facts of what has been studied; for example, "How is the particular topic relevant to them?" The teacher should not incorporate value judgements into the discussion. The students should feel free to voice their opinions and conclusions in any way they see fit. Any additions or changes that the teacher feels are needed should be done in later teaching. Unless the teacher takes a completely nonjudgemental attitude, however, she will never discover these distortions. This type of meeting should be used only to find out what students know and what they don't know.

In some schools, class meetings have been integrated into the class program. It is important for teachers throughout the school to use them. Children need experience in problem-solving and in relating education to life. This process of learning to think can then build from year to year. The students gain the important beliefs that they can control their own destinies and that they as individuals and as a group are an important part of the world they live in.

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S.D.P.
Dec. 13/77

SELF-MANAGEMENT: HELPING CHILDREN LEARN TO CONTROL ATTENDING BEHAVIOR

- Ronald E. Pound, R. Jack Roberts
The School Counselor, January 1978

School counselors are confronted almost daily by teachers concerned with problems directly related to pupil classroom behaviors. What seem to be learning problems are frequently only symptoms of poor study patterns or lack of attending behaviors. These attending study behaviors are frequently altered or productively accelerated with an increase in the awareness level of the student displaying these behaviors. One of the more viable consulting approaches available to counselors for increasing productive student study patterns is that of behavior self-management.

Behavioral self-management principles are founded on the premise that behavior is learned. Exhibited behaviors are direct by-products of learning experiences the individual has previously encountered.

Therefore, behavior is a function of the environment. Thoresen and Mahoney (1974) suggested that effective self-regulation may be developed if attention is given to significant person-environment relationships. Further, Thoresen and Mahoney contended that individuals can learn to direct and manage their own internal and external actions.

Previous research has indicated that individuals can alter maladaptive behaviors by merely identifying social and physical cues (Stuart & Davis 1972; Upper & Meredith 1970). Bandura and Perloff (1967) concluded that self-reinforcement maintains work behavior in children comparable to external reinforcement.

Kanfer and Marston (1963) not only found that self-reinforcing behavior works but demonstrated that it can be effectively learned. They also demonstrated the importance of social approval when implementing self-management procedures. Research results have further indicated that self-management techniques may be acquired through the use of modeling procedures (Bandura & Kupers 1964; Bandura & Whalen 1966). Kolb (1972) promoted the contention that data collection is a form of self-management. He found that behavioral records provide reinforcement and direction, thus increasing the probability of learning.

The application of self-management principles and their relationship to individual classroom behavior has been a rapidly expanding area of research investigation and concern. There is, however, an increasingly evident need to explore self-management techniques through individual case studies. Such studies not only create new areas of knowledge surrounding application of techniques but generate additional research questions for exploration through application of experimental methodologies. The following case study represents an example of one self-management technique employed for the modification of attended classroom behavior.

Case Study

The student was an 11-year-old sixth-grade male of normal intelligence (109 full-scale score on the WISC). He was housed in an open-area, ungraded educational environment. The student was referred to the school system's center for educational and psychological evaluation during his second academic year. The teacher who referred him indicated that he was recommended for evaluation because of academic problems, behavior and emotional difficulties, suspected visual problems, and possible mental retardation. The student was an identical twin whose brother was progressing in a normal academic manner. The subject's

parents were divorced when he was in the fourth grade; at the time of the investigation he was living with his mother.

Comments by his former elementary school teachers recorded in the subject's cumulative record indicated behavior patterns similar to those issued by the referring teacher plus additional comments such as listless, unable to get started, very slow of both mind and muscle, just cannot apply himself to any task, easily cries or demonstrates anger, doesn't try, sits in class and does nothing, and demonstrates absolutely no effort.

The student's academic-achievement record across disciplines was sporadic. For example, on the Wide Range Achievement Test administered during his fifth-grade year, he achieved percentile ranks of 86 on the reading scale and 12 on the arithmetic scale. On the California Test of Basic Skills administered the same year, he scored at the third percentile on the total arithmetic section and at the 50th percentile on the reading section.

Procedure

Observation period. Ten baseline observations were recorded over a 6-week period. Two observers independently recorded the subject's arithmetic seatwork study behavior. Arithmetic study behavior was determined to be exhibited when the student was seated at his desk with assigned work in position on the desk, was looking at the assignment or work paper, and was engaged in his work. The observers recorded an S when they determined that study behaviors were being exhibited and an N for nonstudy behavior. Observations were conducted at 10-second intervals and the behavior recorded at the conclusion of the interval. During the baseline period, inter-rater reliabilities were consistently greater than 90 percent. Ample time for baseline recordings was available as an individualized approach to instruction was used almost exclusively. Separate arithmetic assignments were given daily to each pupil. Forty-five minutes were allotted for arithmetic assignments.

The subject's study behavior throughout the baseline period ranged from 0 to 39.6 percent. The mean for the 10 baseline observations was 21.8 percent study behavior. Almost all the time determined by the observers as time engaged in nonstudy behaviors was spent by the subject in drawing small, detailed figures. The drawings, sketched in pencil, usually included ships or airplanes in some form of battle.

Intervention period. The investigators and the subject's teacher met with the student to explain the intervention procedure and review his baseline data. They suggested to the pupil that he could probably achieve a higher percentage of arithmetic study time if he could learn to monitor his own study time accurately. Beyond this, the subject was offered free time to draw if he completed his arithmetic tasks before the termination of the lesson period.

The student was given a stopwatch and offered instruction in its use. He was instructed to run the stopwatch when he was engaged in arithmetic study behavior. The definition of arithmetic study behavior offered the student was the one defined for the observers. When the conditions of study behavior were not met, the student was instructed to stop the watch. The subject was given the stopwatch 2 days before the observation period so he could become familiar with its use. Both the free drawing time and the stopwatch were planned contingency reinforcers.

The subject was given a study record form and asked to log his actual study time for each 45-minute arithmetic period. On the form he recorded the following data: lesson starting time (indicated by the wall clock), lesson finishing time (indicated by the wall clock), study time elapsed on the stopwatch, and the number of arithmetic problems completed. The following day, after the student's work had been corrected, he recorded the number of problems solved correctly. The interrater reliabilities between the two observers and between the observers and the subject throughout the treatment period were again consistently greater than 90 percent.

Results

Attending study behavior for the treatment phase ranged from 76.3 percent to 100 percent with a mean percentage of 90.58 percent for 20 observations for a 6-week period. The percentage of arithmetic study behavior was determined on the basis of recorded study behavior divided by the lapsed time from the beginning of the arithmetic lesson until the day's assignment was completed or the allotted 45-minute period had elapsed. Assignments were completed before the elapsed time on 12 of the 20 observation days. Although the focus of the study was on attending arithmetic behavior, we should mention that before the treatment phase and throughout the baseline phase the subject failed to complete any of his arithmetic assignments. His performance during the treatment phase marked a 60 percent increase in completed assignments. There was also a marked increase in the number of arithmetic problems that the student solved correctly.

Discussion

For consultation purposes, behavioral techniques may be employed for either the promotion of desirable behavior or the reduction of undesirable behavior. Behavior change is accomplished through arrangement of situations so that those behaviors the student, teacher, and possibly parents seek to increase are positively reinforced and undesirable behaviors given no positive reinforcement. The desired end product is the acquisition of new behaviors or the regulation of learned behavior. These same principles are central to self-management techniques. As was illustrated, the student regulated his arithmetic study behavior. As a result, self-management promoted an acceleration of seldom-used behaviors or, more precisely, an increase in arithmetic study time.

Of critical importance to this study was the emphasis placed by the investigators and classroom teacher on the arrangement of situations so that particular attending behaviors were demonstrated and positively reinforced. Conscious demonstration of behaviors is directly related to awareness of those behaviors being exhibited.

Particular emphasis was placed on the student's awareness of his arithmetic study behavior. The awareness factor was accomplished through the use of pre-treatment review of the baseline data; the use of the stopwatch to measure attending behaviors resulting from student awareness was positively reinforced by the awarding of free drawing time. The stopwatch may also have functioned as a positive reinforcer because the subject perceived the stopwatch as a child perceives a toy.

Behavioral self-management techniques seem to offer counselors a viable consulting procedure for use within a classroom structure in which teachers and supportive staff are constantly being confronted with attending-behavior problems.

The techniques offer educational personnel the opportunity to demonstrate to the student their concern through the awareness pretreatment procedure. The techniques give teachers and counselors free time to focus on the student's emotional needs, as the student is responsible for monitoring his or her own behaviors.

Furthermore, as the student changes his or her behavior patterns, he or she will frequently discover a change in his or her classroom environment. Students who increase their interactions with the educational process frequently encounter an increase in interaction with both teachers and peers. Behavioral self-management procedures offer a practical method for acceleration of the process of interaction.

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Jan. 31/78

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S.D.P.
Jan. 31/78

STUDENT DEVELOPMENT PROJECT

CASE CONFERENCE

Purpose

Synthesizing and interpreting data gathered on a subject from different sources.

Types

i) Conference attended mainly by staff members who are specialists in guidance and the related areas.
- may involve a combination of child welfare, school psychologist, social worker, etc.
- the specialists give and hear reports, study the records on the case, consider specific recommendations for working on the case.

ii) Attended by both specialists and non-specialists to serve the dual role of in-service and case conference.
- includes all staff members involved with a particular student
- different staff members relate their experiences in working with the student
- specialists present give reports concerning hypothesis re area of difficulty and interventions used.

iii) Attended by student, parent(s) and his/her counsellor.

iv) A combination of the above.

Case Conference Subject

The counsellor may set up a case conference to either solicit suggestions from the other involved individuals or to share information with the teachers and thereby get still greater support in the effort to help the student.

The case conference is held regarding average or superior students, as well as "problem" students. This avoids stigmatizing the students involved in case conferences. Attendance at case conferences should be on a voluntary basis.

Case conference participation helps the teachers to perceive ways in which their classroom situation can affect, positively and negatively, the functioning of students. As well, it helps both counsellors and teachers to augment their supply of professional knowledge and thereby reduce errors in their diagnosis and prognosis. Case conference participation will result in better understanding and acceptance of students through increased understanding of the nature and the sources of some students' difficulties, academic and otherwise.

Case Conference Information

The following is an outline of the information items often included in case studies concerning students. No specific pattern is recommended with respect to order, emphasis, form or the like.

1. Name of Counsellor and Date of Report

If different parts are written at different times, each part should be dated.

2. Identifying Data on Subject

Include name, address, age, date and place of birth, school grade, teachers involved and counsellor. Also included should be general appearance of the subject and observed impression upon others.

3. Presenting Problem

If study is made because subject seems in need of special assistance. As well, nature, onset, seriousness, frequency and duration (in chronological order) may be included. There should also be descriptions of previous attempts to diagnose and eliminate difficulty.

4. Family

Included would be name, age, educational background of others living in the home (e.g. extended family). Residential history (number of moves, rural, urban) and immigrant background (if pertinent) may also be included. Additional information might include special health problems of any family member, religious affiliation and any special culture patterns. Other helpful information reflecting:

- nature of home life and quality of interpersonal relations,
- subject's adjustment and role in family,
- attitude of other members of family toward subject,
- method and amount of parental control

would also be useful information.

5. Physical Health Data

This would include findings of any medical examination(s), special growth characteristics, nutrition and general health. Special attitudes of subject toward his health and appearance should also be noted

6. Objective Test Data and Interpretation

This will involve counsellor interpretation of any relevant test data.

7. Educational History and Achievement

Included would be past progress, present status (e.g. marks, work habits, creative expression) and attitude toward school (likes, dislikes, activities). There should also be an indication of conduct problems (if any) and attitudes of teachers toward subject.

8. Social Development

In this section note will be taken of subject sociability, adaptability, relation to peers, group participation. As well, there should be consideration of special interests and accomplishments unique to the subject (e.g. significant experiences, asocial tendencies, civic participation).

9. Emotional Development

The counsellor should note subject's attitude toward self, socialization skills, and possible symptoms of conflicts (e.g. tics, truancy, stuttering, lying).

10. General Appraisal, Interpretation and Hypotheses

The counsellor develops generalizations and conclusions from the accumulated data. In the general appraisal the counsellor does not make too many generalizations from too little information, acknowledges contraindications as well as confirmatory data. The counsellor illuminates all parts of the picture and their interrelations so that the underlying meanings and implications may be perceived. In the case presentation, the counsellor draws inferences on the basis of his best thinking and revises interpretations/ hypotheses as new evidence reveals the need for revision.

11. Recommendations

Interventions, whether preventative or developmental, and follow-up procedures are described. This section would incorporate referrals for special assistance, special reports and any follow-up data.

Worker: G. Saleski Date: January 19, 1977

Supervisor: Dr. J. Friesen

Name: John Doe

Address: 123 - 1st Avenue Telephone: 543-2100

Date of Birth: 3, 11, 45

Place of Birth: Vancouver General Hospital

Parents' Names: George, Ann

Occupation: chicken farmer

Referral. John was referred by his physician for assistance in making choices of a vocational nature. This was the presenting problem, and the initial contract between client and counsellor dealt with this matter.

Family. John was an adopted child who had two older sisters and one older brother. The second youngest sibling (sister) is twenty years older. There is little correspondence with other siblings and stepfather died a half year ago (mother died earlier). (Is presently occupying a flat with a friend, a boarder, and a child.) Attended school at Central Secondary School where he completed Grade XII (sciences, university entrance level). He did fairly well in his sciences (maths, chemistry, physics), receiving marks of B even though his last year was marked by sporadic attendance.

Physical. During the past two years, client has seen a number of doctors about feelings of pain. Initially some specialists were referred by his G.P., lately there have been self-referrals. Has been told by doctor to refrain from heavy lifting. Had instituted personal regime of stomach and back muscle exercises. Otherwise, client is of average height (5' 10"), weight (150 lbs.) and walks erect.

Hobbies involve the outdoors, e.g. driving in country, photography, hiking. Until two years ago, photography was a hobby pursued with a passion and then, abruptly dropped. A present interest is furniture making (woodwork). He also enjoys reading popular psychological books.

The work experience since leaving high school has been varied. The approximate order and times were as follows:

- during school - sawmill (clean-up, production)
- 6-8 months - Acme Manufacturing Company
- 12 months - business machine mechanic
- 8 months - bartender training
- 1 month - appliance repair
- 8 years - electrician, including: 1 year day school, 1 year off, 2 years specialized.

Throughout discussion of work an emphasis was placed on the fact that areas of endeavour would be in the area of university studies. He was just concerned in which area. He has also discussed vocational concerns with Manpower Counsellor, Miss Jane Smith (Hastings Branch), where he wrote a GATB.

Client was eager to discuss present work situation, work he did and co-workers. He was always careful to point out that he had coffee with the more "intelligent" of the co-workers.

In discussing vocational concerns, indicated that job satisfaction and being self-employed (with people involvement) were important requirements.

Client wrote the Strong-Campbell and Kuder Vocational Preference tests. The Strong-Campbell interpretation highlighted:

- the high AGR score (53)
- the fairly high I.E. score (59), which indicates extrovert characteristics
- the definite clustering in school subjects
- areas of high scores (I mainly) and low (C) with emphasis on certain vocational areas, e.g. maths/science teacher, college professor, engineer
- noted exceptions: musician - A; merchant marine - R.

The Strong-Campbell results basically supported client's areas of interest and encouraged exploration of maths/science fields of endeavour. Client took responsibility of inquiring into admissions, requirements, of engineering at community colleges and university.

Towards close, client asked for expansion of counselling contact. Felt his problems were piling up on him and his back was hurting more. Contract was made for period ending in January.

Client was helped to:

- make a list of problems
  1. vocational choices
  2. hurting back
  3. money problems
  4. relationship problems
- prioritize problems
- given relaxation/awareness assistance - sketching life space, feeling pain, relaxing
- assistance in learning decision making

Outcomes:

- has decided on attending University of Victoria or U.B.C. in Engineering (Has made necessary appointment at Victoria and will hear this week.)
- money problems resolved - inheritance, insurance
- initiated divorce proceedings with wife
- back hurts considerably less, pain infrequent, exercises stopped
- has set deadlines, choices (limited), in relationship with lady friend at Kelowna.

Difficulty - has become a trifle overbearing in relationship at "home". But should change. Is making decision.

Follow-up:

- will be spending three months at Kelowna
- has indicated a desire for follow-up meeting at that time (re final vocational commitment decision).

S.D.P.
February 7, 1973

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The counsellor may set up a case conference to either solicit suggestions from the other involved individuals or to share information with the teachers and thereby get still greater support in the effort to help the student.

The case conference is held regarding average or superior students, as well as "problem" students. This avoids stigmatizing the students involved in case conferences. Attendance at case conferences should be on a voluntary basis.

Case conference participation helps the teachers to perceive ways in which their classroom situation can affect, positively and negatively, the functioning of students. As well, it helps both counsellors and teachers to augment their supply of professional knowledge and thereby reduce errors in their diagnosis and prognosis. Case conference participation will result in better understanding and acceptance of students through increased understanding of the nature and the sources of some students' difficulties, academic and otherwise.

Case Conference Information

The following is an outline of the information items often included in case studies concerning students. No specific pattern is recommended with respect to order, emphasis, form or the like.

1. Name of Counsellor and Date of Report

If different parts are written at different times, each part should be dated.

2. Identifying Data on Subject

Include name, address, age, date and place of birth, school grade, teachers involved and counsellor. Also included should be general appearance of the subject and observed impression upon others.

3. Presenting Problem

If study is made because subject seems in need of special assistance. As well, nature, onset, seriousness, frequency and duration (in chronological order) may be included. There should also be descriptions of previous attempts to diagnose and eliminate difficulty.

4. Family

Included would be name, age, educational background of others living in the home (e.g. extended family). Residential history (number of moves, rural, urban) and immigrant background (if pertinent) may also be included. Additional information might include special health problems of any family member, religious affiliation and any special culture patterns. Other helpful information reflecting:

- nature of home life and quality of interpersonal relations,
- subject's adjustment and role in family,
- attitude of other members of family toward subject,
- method and amount of parental control

would also be useful information.

5. Physical Health Data

This would include findings of any medical examination(s), special growth characteristics, nutrition and general health. Special attitudes of subject toward his health and appearance should also be noted

6. Objective Test Data and Interpretation

This will involve counsellor interpretation of any relevant test data.

7. Educational History and Achievement

Included would be past progress, present status (e.g. marks, work habits, creative expression) and attitude toward school (likes, dislikes, activities). There should also be an indication of conduct problems (if any) and attitudes of teachers toward subject.

8. Social Development

In this section note will be taken of subject sociability, adaptability, relation to peers, group participation. As well, there should be consideration of special interests and accomplishments unique to the subject (e.g. significant experiences, asocial tendencies, civic participation).

9. Emotional Development

The counsellor should note subject's attitude toward self, socialization skills, and possible symptoms of conflicts (e.g. tics, truancy, stuttering, lying).

10. General Appraisal, Interpretation and Hypotheses

The counsellor develops generalizations and conclusions from the accumulated data. In the general appraisal the counsellor does not make too many generalizations from too little information, acknowledges contraindications as well as confirmatory data. The counsellor illuminates all parts of the picture and their interrelations so that the underlying meanings and implications may be perceived. In the case presentation, the counsellor draws inferences on the basis of his best thinking and revises interpretations/ hypotheses as new evidence reveals the need for revision.

11. Recommendations

Interventions, whether preventative or developmental, and follow-up procedures are described. This section would incorporate referrals for special assistance, special reports and any follow-up data.

Worker: G. Saleski Date: January 19, 1977

Supervisor: Dr. J. Friesen

Name: John Doe

Address: 123 - 1st Avenue Telephone: 543-2100

Date of Birth: 3, 11, 45

Place of Birth: Vancouver General Hospital

Parents' Names: George, Ann

Occupation: chicken farmer

Referral. John was referred by his physician for assistance in making choices of a vocational nature. This was the presenting problem, and the initial contract between client and counsellor dealt with this matter.

Family. John was an adopted child who had two older sisters and one older brother. The second youngest sibling (sister) is twenty years older. There is little correspondence with other siblings and stepfather died a half year ago (mother died earlier). (Is presently occupying a flat with a friend, a boarder, and a child.) Attended school at Central Secondary School where he completed Grade XII (sciences, university entrance level). He did fairly well in his sciences (maths, chemistry, physics), receiving marks of B even though his last year was marked by sporadic attendance.

Physical. During the past two years, client has seen a number of doctors about feelings of pain. Initially some specialists were referred by his G.P., lately there have been self-referrals. Has been told by doctor to refrain from heavy lifting. Had instituted personal regime of stomach and back muscle exercises. Otherwise, client is of average height (5' 10"), weight (150 lbs.) and walks erect.

Hobbies involve the outdoors, e.g. driving in country, photography, hiking. Until two years ago, photography was a hobby pursued with a passion and then, abruptly dropped. A present interest is furniture making (woodwork). He also enjoys reading popular psychological books.

The work experience since leaving high school has been varied. The approximate order and times were as follows:

- during school - sawmill (clean-up, production)
- 6-8 months - Acme Manufacturing Company
- 12 months - business machine mechanic
- 8 months - bartender training
- 1 month - appliance repair
- 8 years - electrician, including: 1 year day school, 1 year off, 2 years specialized.

Throughout discussion of work an emphasis was placed on the fact that areas of endeavour would be in the area of university studies. He was just concerned in which area. He has also discussed vocational concerns with Manpower Counsellor, Miss Jane Smith (Hastings Branch), where he wrote a GATB.

Client was eager to discuss present work situation, work he did and co-workers. He was always careful to point out that he had coffee with the more "intelligent" of the co-workers.

In discussing vocational concerns, indicated that job satisfaction and being self-employed (with people involvement) were important requirements.

Client wrote the Strong-Campbell and Kuder Vocational Preference tests. The Strong-Campbell interpretation highlighted:

- the high ACE score (53)
- the fairly high I.E. score (59), which indicates extrovert characteristics
- the definite clustering in school subjects
- areas of high scores (I mainly) and low (C) with emphasis on certain vocational areas, e.g. maths/science teacher, college professor, engineer
- noted exceptions: musician - A; merchant marine - R.

The Strong-Campbell results basically supported client's areas of interest and encouraged exploration of maths/science fields of endeavour. Client took responsibility of inquiring into admissions, requirements, of engineering at community colleges and university.

Towards close, client asked for expansion of counselling contact. Felt his problems were piling up on him and his back was hurting more. Contract was made for period ending in January.

Client was helped to:

- make a list of problems
  1. vocational choices
  2. hurting back
  3. money problems
  4. relationship problems
- prioritize problems
- given relaxation/awareness assistance - sketching life space, feeling pain, relaxing
- assistance in learning decision making

Outcomes:

- has decided on attending University of Victoria or U.B.C. in Engineering (Has made necessary appointment at Victoria and will hear this week.)
- money problems resolved - inheritance, insurance
- initiated divorce proceedings with wife
- back hurts considerably less, pain infrequent, exercises stopped
- has set deadlines, choices (limited), in relationship with lady friend at Kelowna.

Difficulty - has become a trifle overbearing in relationship at "home". But should change. Is making decision.

Follow-up:

- will be spending three months at Kelowna
- has indicated a desire for follow-up meeting at that time (re final vocational commitment decision).

S.D.P.
February 7, 1973

APPENDIX D

Letters to Parents

First Meeting with Parents

SCHOOL LETTERHEAD

Dear Personalize:

Re: William Doe

This year we are able to offer special assistance to some students in the New Westminster elementary school system. This is made possible as a result of a joint grant from the Ministry of Education, the University of British Columbia and our School Board.

Students involved in the program will receive considerable individual attention in their school work and in getting along with others and thus will benefit greatly.

I would like very much to have your son William participate in this program.

In order for this program to be most beneficial, parent active involvement and co-operation is necessary. Would you be willing to attend some general meetings with other parents for the purpose of consultation and discussion on child development?

If you require any further information, I would be pleased to discuss the program with you further. If I don't hear from you, I will assume that both you and your son will participate. I will keep you well informed as the program progresses. Arrangements for acceptable meeting times will be discussed later.

Your help and co-operation, which has always been expressed in the past, is anticipated.

Cordially,

Principal

SCHOOL LETTERHEAD

Dear _____(Parent)_____:

Re: Parent Meeting

Several weeks ago I informed you of a special program set up by the New Westminster School Board and the University of British Columbia which was designed to assist your child (child's name) in his/her work at school.

The first meeting for the parents of this program will be held on Wednesday, November 16, at the Sir Richard McBride Elementary School beginning at 7:30 p.m. in the school staff room.

The purpose of this meeting is to get acquainted and for Dr. Friesen and his associates to inform you of the activities involved in this program. As well, it will be an opportunity for parents to present their views and suggestions.

We would very much appreciate your presence and look forward to meeting you.

Sincerely,

Principal

R.S.V.P. November 14/77

SCHOOL LETTERHEAD

Date

Dear _____:

Last November 15 we met with other concerned parents and the University of British Columbia counselling team to plan and discuss how we might best help your child to improve his school work and his general attitude to life. As you know, the plan has been going forward since then. Now we are at the point where we again need to meet in order to assess what has happened and plan further activities where necessary.

This is a very important meeting and I would strongly urge you to attend. Dr. Friesen, Dr. Der and members of the University team will be present to give an account of their work. The meeting will take place in the staff room of the Queen Elizabeth Elementary School at 7:30 p.m. on Tuesday, March 14, 1978.

Yours very truly,

Principal

S.D.P.
Feb. 28/78

SCHOOL LETTERHEAD

Date

Dear _____:

Last November 15 we met with other concerned parents and the University of British Columbia counselling team to plan and discuss how we might best help your child to improve his school work and his general attitude to life. As you know, the plan has been going forward since then. Now we are at the point where we again need to meet in order to assess what has happened and plan further activities where necessary.

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Yours very truly,

Principal

S.D.P.
Feb. 28/78

STUDENT DEVELOPMENT PROJECT

First Meeting With Parents
Tuesday and Wednesday, Nov. 15, 16/77

- John Friesen

I am very glad that you could arrange your schedules to come to this meeting this evening.

This evening we are planning to get to know each other and exchange a great deal of information. For one thing, I would like to tell you about ourselves and the kind of things we want to do with your children. You see, you may not wish your children to receive help from us, in which case you should let us know this before you leave. Or alternatively you may not wish to become personally involved with us. In such a case, you should also let us know this before leaving this evening.

We will need to know something about you so that we can help your child study more effectively.

I am John Friesen, the Director of this project, and this is Du-Fay Der, the Co-Director. Included in this project also are the following assistants:

(Assistants are introduced.)

Let me tell you a few things about the Student Development Project. This project is designed to focus on the kinds of things that are of most concern to parents, teachers and children. In this project we are interested in giving assistance to parents and teachers who are having difficulty with their children. Our work is based on years of experience with children in the school and with parents. Our work shows that parents can be trained to change the behavior of their children so that they can learn more effectively and enjoy school more.

We teach you the ideas and language of effective parenting and help you to put these into practice. It is very hard work to do this. At first we will be checking with you daily to see how things are going. You can expect to be involved with us for three or four months and maybe even longer.

We will expect you to fill out a few questionnaires so that we can tell what your needs are. We wish to hear from you what you would like changed in the behavior of your child. So before you go home tonight, we will meet with each of you individually to talk about your specific needs as far as your child is concerned.

Okay. That is a general idea of who we are and what we do. We do not charge a fee for our service. We have a grant from the Ministry of Education as well as the University of British Columbia and the New Westminster School District to help you and your children learn more effectively.

Do you have any questions as to who we are? Do you understand what our intentions are? Please let us hear from you if you have any concerns.

All right, let's put you to work for a few minutes. We would like to get a better picture of how you see your child. First let's use one of these; it is called an Adjective Checklist. It's an easy way of getting a broad picture of how you see your child. There is one of these for each child.

(Have parents fill out the information in the blanks provided on the checklists. Encourage them not to compare ratings.)

For each one (e.g. warm-cold) just decide which is more like him. If you think he is more warm than cold, put a mark here. If you think he is in between, mark this one. If you think he is very cold, mark this one. Okay? Any questions?

(Let parents fill in questionnaire. Bring along pencils.)

(Now hand out the symptom checklist. This checklist should be administered rather than simply given to the parent to fill out.)

Here is a list of problems for which parents frequently seek help in managing their children. Most children have shown some of these problems at some time. The question is, do you think that they occur often enough to constitute a real problem now? If the behavior is something you wish to have changed in your child, then please mark it down.

Some of the terms are really vague. Like this first one, "Aggressive". It means fighting, arguing, pushing, teasing, yelling, not minding their own business. All kids do these things once in a while; an aggressive child does these things daily. Okay, let's begin - Is aggression a problem?

If the answer is yes, indicate the setting in which the behavior occurred, i.e. home, school or community. Place a check if other people complain about the child's behavior in those settings.

(Use the attached operational definitions for the behaviors.)

(If time permits and parents appear cooperative, administer the Family Climate Inventory by Moos.)

(Next, get a commitment from the parents to come to group meetings to discuss child rearing and related problems.)

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